SOLICITATION

SECTION A - SOLICITATION/CONTRACT FORM

1. Purchase Authority: Public Law 92-218 as amended			
2. **Request for Proposal (RFP) Number:** BAA NIH-BARDA-NIAID-DMID-AI2007007	3. **Issue Date:** September 21, 2007	4. **Just in Time:** [X]No [ ]Yes See Part IV Section L	5. **Set Aside:** [X]No [ ]Yes See Part IV Section L

6. Title : Biodefense Vaccine Enhancement

7. ISSUED BY:	8. SUBMIT OFFERS TO:
Office of Acquisitions, DEA National Institute of Allergy and Infectious Diseases National Institutes of Health, DHHS 6700-B Rockledge Drive, Room 3214, MSC 7612 Bethesda, Maryland 20892-7612	See Part III, Section J, "Packaging and Delivery of the Proposal," ATTACHMENT 1 of this Solicitation.

9. Proposals for furnishing the supplies and/or services in THE SCHEDULE will be received at the place specified in, and in the number of copies specified in Attachment 1, "Packaging and Delivery of the Proposal," until 3:00 PM local time on January 22, 2008. Offers will be valid for 120 days unless a different period is specified by the offeror on the Attachment entitled, "Proposal Summary and Data Record, NIH 2043.

10. THIS SOLICITATION REQUIRES DELIVERY OF PROPOSALS TO TWO DIFFERENT LOCATIONS. THE OFFICIAL POINT OF RECEIPT FOR THE PURPOSE OF DETERMINING TIMELY DELIVERY IS THE ADDRESS PROVIDED FOR THE OFFICE OF ACQUISITIONS AS STATED IN ATTACHMENT 1, "PACKAGING AND DELIVERY OF THE PROPOSAL." IF YOUR PROPOSAL IS NOT RECEIVED BY THE CONTRACTING OFFICER OR HIS DESIGNEE AT THE PLACE AND TIME SPECIFIED FOR THE OFFICE OF ACQUISITIONS, THEN IT WILL BE CONSIDERED LATE AND HANDLED IN ACCORDANCE WITH HHSAR CLAUSE 352.215-70, ENTITLED, "LATE PROPOSALS, AND REVISIONS" LOCATED IN SECTION L.1. OF THIS SOLICITATION.

11. Offeror must be registered in the Central Contractor Registry (CCR) prior to award of a contract. http://www.ccr.gov

12. **PRIMARY POINT OF CONTACT**: Jordan Pulaski, Contracting Officer; Ph: 301-451-2569; Fax: 301-402-0972; jpulaski@niaid.nih.gov

13. **SECONDARY POINT OF CONTACT**: Terry Baughman, Contracting Officer; Ph: 301-451-3690; Fax: 301-402-0972; baughmat@niaid.nih.gov

COLLECT CALLS WILL NOT BE ACCEPTED.

This solicitation has a required total page limitation of not-to-exceed 200 pages for the Technical Proposal.	Jordan Pulaski Contracting Officer Office of Acquisitions, DEA NIAID, NIH, DHHS

RFP TABLE OF CONTENTS

PART I - THE SCHEDULE

THE INFORMATION SET FORTH IN **SECTION A - SOLICITATION/CONTRACT FORM**, HEREIN CONTAINS IMPORTANT INFORMATION FOR ANY OFFEROR INTERESTED IN RESPONDING TO THIS SOLICITATION. ANY CONTRACT RESULTING FROM THIS SOLICITATION WILL INCLUDE IN ITS **SECTION A - SOLICITATION/CONTRACT FORM**, ACCOUNTING, APPROPRIATION AND GENERAL INFORMATION APPLICABLE TO THE CONTRACT AWARD.

THE CONTRACT SCHEDULE SET FORTH IN **SECTIONS B THROUGH H**, HEREIN, CONTAINS CONTRACTUAL INFORMATION PERTINENT TO THIS SOLICITATION. IT IS NOT AN EXACT REPRESENTATION OF THE CONTRACT DOCUMENT THAT WILL BE AWARDED AS A RESULT OF THIS SOLICITATION. THE CONTRACT COST OR PRICE AND OTHER CONTRACTUAL PROVISIONS PERTINENT TO THE OFFEROR (i.e., those relating to the organizational structure [e.g., Non-Profit, Commercial] and specific cost authorizations unique to the Offeror's proposal and requiring Contracting Officer Prior Approval) WILL BE DISCUSSED IN THE NEGOTIATION PROCESS AND WILL BE INCLUDED IN THE RESULTANT CONTRACT. THE ENCLOSED CONTRACT SCHEDULE IS INTENDED TO PROVIDE THE OFFEROR WITH THE NECESSARY INFORMATION TO UNDERSTAND THE TERMS AND CONDITIONS OF THE RESULTANT CONTRACT.

SECTION B - SUPPLIES OR SERVICES AND PRICES/COSTS

ARTICLE B.1. BRIEF DESCRIPTION OF SUPPLIES OR SERVICES

This solicitation will support the development and testing of two different groups of vaccine candidates. Part A, "Vaccines for NIAID Category A and B Priority Pathogens" encompasses candidate vaccine formulations with demonstrated efficacy for NIAID Category A or B Priority Pathogens. Vaccine candidates eligible for support under Part A shall have, at a minimum, proof of concept data that indicate the candidate vaccine possess potential for achieving both protective immunity following the administration of 1-2 doses and long-term stability (i.e., 3 years or longer) at temperatures of at least 35 degrees Centigrade and proof of concept data that demonstrate the feasibility of attaining a safety profile that meets all existing U.S. Food and Drug Administration (FDA) requirements. Novel formulations/final vaccine presentation and adjuvants other than aluminum may be components of candidate vaccines. Part B, "Third Generation Anthrax Vaccines" encompasses recombinant protective antigen (rPA)-based third generation anthrax vaccine candidates. Candidate vaccines eligible for support under Part B shall have, at a minimum, proof of concept data that indicate the candidate vaccine possess potential for achieving both protective immunity following the administration of 1-2 doses and long-term stability (i.e., 3 years or longer) at temperatures of at least 35 degrees Centigrade. Additionally, candidate vaccines shall have proof of concept data that demonstrate the feasibility of attaining a safety profile superior to the currently U.S. licensed anthrax vaccine and an equivalent immunogenicity and efficacy profile as the rPA - Alhydrogel based vaccine. All vaccine candidates shall incorporate technologies that result in enhanced vaccine stability characteristics and properties desirable for storage in the Strategic National Stockpile (SNS). In addition, all proposed vaccines shall incorporate stabilization technologies that have broad applications to various types of vaccines, e.g. peptide and nucleic acid vaccines, as well as vaccines that are delivered via bacterial or viral vectors.

ARTICLE B.2. ESTIMATED COST AND FIXED FEE

a. The estimated cost of the Base Period of this contract is $_____.

b. The fixed fee for the Base Period of this contract is $_____. The fixed fee shall be paid in installments based on the percentage of completion of work, as determined by the Contracting Officer. Payment shall be subject to the withholding provisions of the clauses ALLOWABLE COST AND PAYMENT and FIXED FEE referenced in the General Clause Listing in Part II, ARTICLE I.1. of this contract. Payment of fixed fee shall not be made in less than monthly increments.

c. The total estimated amount of the contract, represented by the sum of the estimated cost plus the fixed fee for the Base Period is $_____.

d. If the Government exercises its option pursuant to the OPTION PROVISION Article in SECTION H of this contract, the Government's total estimated contract amount represented by the sum of the estimated cost plus the fixed fee will be increased as follows:

	Estimated Cost ($)	**Fixed Fee ($)**	**Estimated Cost Plus Fixed Fee ($)**
Base Period			
Option Period(s):			
Total [Base Period and Option(s)]			

e. Total funds currently available for payment and allotted to this contract are $_____ of which $_____ represents the estimated costs, and of which $_____ represents the fixed fee. For further provisions on funding, see the LIMITATION OF FUNDS clause referenced in Part II, ARTICLE I.2. Authorized Substitutions of Clauses.

f. It is estimated that the amount currently allotted will cover performance of the contract through _____.

g. The Contracting Officer may allot additional funds to the contract without the concurrence of the Contractor.

ARTICLE B.3. PROVISIONS APPLICABLE TO DIRECT COSTS

This article will prohibit or restrict the use of contract funds, unless otherwise approved by the Contracting Officer. The following is a list of items that may be included in the resultant contract as applicable. 1) Acquisition, by purchase or lease, of any interest in real property; 2) Special rearrangement or alteration of facilities; 3) Purchase or lease of any item of general purpose office furniture or office equipment regardless of dollar value; 4) Travel Costs; 5) Consultant Costs; 6) Subcontract Costs; 7) Patient Care Costs; 8) Accountable Government Property; and 9) Research Funding.

ARTICLE B.4. ADVANCE UNDERSTANDINGS

Specific elements of cost, which normally require prior written approval of the Contracting Officer before incurrence of the cost (e.g., foreign travel, consultant fees, subcontracts) will be included in this Article if the Contracting Officer has granted his/her approval prior to contract award. ***[See ATTACHMENT 14, "Advance Understandings" at the end of this solicitation package.]***

SECTION C - DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

ARTICLE C.1. STATEMENT OF WORK

a. Independently and not as an agent of the Government, the Contractor shall be required to furnish all the necessary services, qualified personnel, material, equipment, and facilities, not otherwise provided by the Government, as needed to perform the Statement of Work, dated _____, attached hereto and made a part of this Contract (See SECTION J - List of Attachments).

b. The applicable Privacy Act System of Records Number will be specified and shall be used in any design, development, or operation work to be performed under the resultant contract. Disposition of records shall be in accordance with SECTION C of the contract, and by direction of the Project Officer(s).

ARTICLE C.2. REPORTING REQUIREMENTS

All reports required herein shall be submitted in electronic format. In addition, one (1) hard copy of each report shall be submitted to the Contracting Officer, unless otherwise specified.

a. **Technical Progress Reports**

1. In addition to those required reports set forth elsewhere in this Schedule, the preparation and submission of regularly recurring Technical Progress Reports will be required in any contract resulting from this solicitation. These reports will require descriptive information about the activities undertaken during the reporting period and will require information about planned and future reporting periods. ***[See ATTACHMENT 6, "PART A - Reporting Requirements and Deliverables" and ATTACHMENT 10, "PART B - Reporting Requirements and Deliverables" in this solicitation.]***

ARTICLE C.3. INVENTION REPORTING REQUIREMENT

All reports and documentation required by FAR Clause 52.227-11 including, but not limited to, the invention disclosure report, the confirmatory license, and the government support certification, shall be directed to the Extramural Inventions and Technology Resources Branch, OPERA, NIH, 6705 Rockledge Drive, Room 1040-A, MSC 7980, Bethesda, Maryland 20892-7980 (Telephone: 301-435-1986). In addition, one copy of an annual utilization report, and a copy of the final invention statement, shall be submitted to the Contracting Officer. The final invention statement (see FAR 27.303(a)(2)(ii)) shall be submitted to the Contracting Officer on the expiration date of the contract.

The annual utilization report shall be submitted in accordance with the DELIVERIES Article in SECTION F of this contract. The first annual utilization report shall be due on or before _____. Thereafter, reports shall be due on or before the __ Calendar day following the reporting period. The final invention statement (see FAR 27.303(a)(2)(ii)) shall be submitted on the completion date of the contract. All reports shall be sent to the following address:

Contracting Officer
National Institutes of Health
National Institute of Allergy and Infectious Diseases
DEA, Office of Acquisition
6700-B Rockledge Drive, MSC 7612, Room 3214
Bethesda, Maryland 20892- 7612

If no invention is disclosed or no activity has occurred on a previously disclosed invention during the applicable reporting period, a negative report shall be submitted to the Contracting Officer at the address listed above.

To assist contractors in complying with invention reporting requirements of the clause, the NIH has developed "Interagency Edison," an electronic invention reporting system. Use of Interagency Edison is encouraged as it streamlines the reporting process and greatly reduces paperwork. Access to the system is through a secure interactive Web site to ensure that all information submitted is protected. Interagency Edison and information relating to the capabilities of the system can be obtained from the Web (http://www.iedison.gov), or by contacting the Extramural Inventions and Technology Resources Branch, OPERA, NIH.

SECTION D - PACKAGING, MARKING AND SHIPPING

All deliverables required under this contract shall be packaged, marked and shipped in accordance with Government specifications. At a minimum, all deliverables shall be marked with the contract number and contractor name. The Contractor shall guarantee that all required materials shall be delivered in immediate usable and acceptable condition.

SECTION E - INSPECTION AND ACCEPTANCE

a. The Contracting Officer or the duly authorized representative will perform inspection and acceptance of materials and services to be provided.

b. For the purpose of this SECTION, the Project Officer identified in ARTICLE G.1., is the authorized representative of the Contracting Officer.

c. Inspection and acceptance will be performed at:

National Institutes of Health
National Institute of Allergey and Infectious Diseases
Division of Microbiology and Infectious Diseases
6610 Rockledge Drive
Bethesda, MD 20892

Acceptance may be presumed unless otherwise indicated in writing by the Contracting Officer or the duly authorized representative within 30 days of receipt.

d. This contract incorporates the following clause by reference, with the same force and effect as if it were given in full text. Upon request, the Contracting Officer will make its full text available.

FAR Clause **52.246-8, Inspection of Research and Development - Cost-Reimbursement** (May 2001).

SECTION F - DELIVERIES OR PERFORMANCE

ARTICLE F.1. PERIOD OF PERFORMANCE

a. The period of performance of this contract shall be from _____ through _____.

b. If the Government exercises its option(s) pursuant to the OPTION PROVISION Article in Section H of this contract, the period of performance will be increased as listed below:

Option	Option Period

ARTICLE F.2. DELIVERIES

Satisfactory performance of the final contract shall be deemed to occur upon performance of the work described in the STATEMENT OF WORK Article in SECTION C of this contract and upon delivery and acceptance by the Contracting Officer, or the duly authorized representative, of the following items in accordance with the stated delivery schedule. **[See ATTACHMENT 6, "PART A - Reporting Requirements and Deliverables" and ATTACHMENT 10, "PART B - Reporting Requirements and Deliverables" in this solicitation.]**

The items specified below as described in the REPORTING REQUIREMENTS Article in SECTION C of this contract. will be required to be delivered F.o.b. Destination as set forth in FAR 52.247-35, F.o.b. DESTINATION, WITHIN CONSIGNEES PREMISES (APRIL 1984), and in accordance with and by the date(s) specified below and any specifications stated in SECTION D, PACKAGING, MARKING AND SHIPPING, of this contract:

ARTICLE F.3. CLAUSES INCORPORATED BY REFERENCE, FAR 52.252-2 (FEBRUARY 1998)

This contract incorporates the following clause(s) by reference, with the same force and effect as if it were given in full text. Upon request, the Contracting Officer will make its full text available. Also, the full text of a clause may be accessed electronically at this address: http://www.acquisition.gov/comp/far/index.html

FEDERAL ACQUISITION REGULATION (48 CFR CHAPTER 1) CLAUSE:

52.242-15, Stop Work Order (August 1989) with **Alternate I** (April 1984).

SECTION G - CONTRACT ADMINISTRATION DATA

ARTICLE G.1. PROJECT OFFICER

The following Project Officer(s) will represent the Government for the purpose of this contract:

TO BE NAMED AT TIME OF AWARD

The Project Officer is responsible for: (1) monitoring the Contractor's technical progress, including the surveillance and assessment of performance and recommending to the Contracting Officer changes in requirements; (2) interpreting the statement of work and any other technical performance requirements; (3) performing technical evaluation as required; (4) performing technical inspections and acceptances required by this contract; and (5) assisting in the resolution of technical problems encountered during performance.

The Contracting Officer is the only person with authority to act as agent of the Government under this contract. Only the Contracting Officer has authority to: (1) direct or negotiate any changes in the statement of work; (2) modify or extend the period of performance; (3) change the delivery schedule; (4) authorize reimbursement to the Contractor for any costs incurred during the performance of this contract; or (5) otherwise change any terms and conditions of this contract.

The Government may unilaterally change its Project Officer designation.

ARTICLE G.2. KEY PERSONNEL, HHSAR 352.270-5 (January 2006)

The key personnel specified in this contract are considered to be essential to work performance. At least 30 days prior to diverting any of the specified individuals to other programs or contracts (or as soon as possible, if an individual must be replaced, for example, as a result of leaving the employ of the Contractor), the Contractor shall notify the Contracting Officer and shall submit comprehensive justification for the diversion or replacement request (including proposed substitutions for key personnel) to permit evaluation by the Government of the impact on performance under this contract. The Contractor shall not divert or otherwise replace any key personnel without the written consent of the Contracting Officer. The Government may modify the contract to add or delete key personnel at the request of the contractor or Government.

(End of Clause)

The following individual(s) is/are considered to be essential to the work being performed hereunder:

Name	Title

ARTICLE G.3. INVOICE SUBMISSION/CONTRACT FINANCING REQUEST AND CONTRACT FINANCIAL REPORT

a. Invoice/Financing Request Instructions and Contract Financial Reporting for NIH Cost-Reimbursement Type Contracts NIH(RC)-4 are attached and made part of this contract. The Contractor shall follow the attached instructions and submission procedures specified below to meet the requirements of a "proper invoice" pursuant to FAR Subpart 32.9, Prompt Payment.

1. Payment requests shall be submitted as follows:

    a. One original paper copy to the following designated billing office:
    National Institutes of Health
    Office of Financial Management

Commercial Accounts
2115 East Jefferson Street, Room 4B-432, MSC 8500
Bethesda, MD 20892-8500

b. An electronic copy to the Contracting Officer, transmitted as an attachment via e-mail to the NIAID OA central invoice e-mail address listed beow. The subject line of the e-mail must include the following information: Name of Contractor, Contract Number, and Invoice Number. Only one invoice should be submitted per e-mail. The invoice should be in Adobe PDF format, though a MS Word or MS Excel compatible format will also be considered acceptable. **[Note: The original payment request must still be submitted in hard copy and mailed to the designated billing office to meet the requirements of a "proper invoice."]** E-mail: NIAIDOAInvoices@niaid.nih.gov

2. In addition to the requirements specified in FAR Subpart 32.9 for a proper invoice, the Contractor shall include the following information on all payment requests:

   a. **Name of the Office of Acquisitions**. The Office of Acquisitions for this contract is ***NIAID*** .

   b. **Central Point of Distribution**. For the purpose of this contract, the Central Point of Distribution is ***NIAIDOAInvoices*** .

   c. **Vendor Identification Number**. This is the 7 digit number that appears after the Contractor's name in Block 7 of Standard Form 26. Inclusion of the VIN number on the invoice is not required if the invoice identifies the Contractor's DUNS or DUNS+4 number.

   d. **DUNS number or DUNS+4** that identifies the Contractor's name and address exactly as stated on the face page of the contract.

   e. Identification of whether payment is to be made using a two-way or three-way match. This contract requires a ***Two-Way match*** .

   f. **Unique Invoice Number**. Each payment request shall be identified by a unique invoice number, which can only be used one time regardless of the number of contracts or purchase orders held by an organization (or business unit identified by a separate DUNS or DUNS+4 number). The NIH does not prescribe a particular numbering format. The only parameters for the invoice number are that it must be limited to 30 characters. There are no restrictions on the use of special characters, such as colons, dashes, forward slashes, or parentheses. Payment requests with duplicate invoice numbers will be considered improper and will be returned to the Contractor.

b. Inquiries regarding payment of invoices shall be directed to the designated billing office, (301) - 496-6088.

ARTICLE G.4. INDIRECT COST RATES

In accordance with Federal Acquisition Regulation (FAR) (48 CFR Chapter 1) Clause 52.216-7 (d)(2), Allowable Cost and Payment incorporated by reference in this contract in PART II, SECTION I, the cognizant Contracting Officer representative responsible for negotiating provisional and/or final indirect cost rates is identified as follows:

Director, Division of Financial Advisory Services
Office of Acquisition Management and Policy
National Institutes of Health
6100 Building, Room 6B05
6100 EXECUTIVE BLVD MSC-7540
BETHESDA MD 20892-7540

These rates are hereby incorporated without further action of the Contracting Officer.

ARTICLE G.5. GOVERNMENT PROPERTY

If this RFP will result in the acquisition or use of Government Property provided by the contracting agency or if the Contracting Officer authorizes in the preaward negotiation process, the acquisition of property (other than real property), this ARTICLE will include applicable provisions and incorporate the HHS Publication, entitled, "Contractor's Guide for Control of Government Property," which can be found at:

http://knownet.hhs.gov/log/AgencyPolicy/HHSLogPolicy/contractorsguide.htm.

ARTICLE G.6. POST AWARD EVALUATION OF CONTRACTOR PERFORMANCE

a. Contractor Performance Evaluations

Interim and final evaluations of contractor performance will be prepared on this contract in accordance with FAR 42.15. The final performance evaluation will be prepared at the time of completion of work. In addition to the final evaluation, interim evaluation(s) shall be submitted _____ [Insert Dates].

Interim and final evaluations will be provided to the Contractor as soon as practicable after completion of the evaluation. The Contractor will be permitted thirty days to review the document and to submit additional information or a rebutting statement. If agreement cannot be reached between the parties, the matter will be referred to an individual one level above the Contracting Officer, whose decision will be final.

Copies of the evaluations, contractor responses, and review comments, if any, will be retained as part of the contract file, and may be used to support future award decisions.

b. Electronic Access to Contractor Performance Evaluations

Contractors that have Internet capability may access evaluations through a secure Web site for review and comment by completing the registration form that can be obtained at the following address: http://oamp.od.nih.gov/OD/CPS/cps.asp

The registration process requires the contractor to identify an individual that will serve as a primary contact and who will be authorized access to the evaluation for review and comment. In addition, the contractor will be required to identify an alternate contact who will be responsible for notifying the cognizant contracting official in the event the primary contact is unavailable to process the evaluation within the required 30-day time frame.

SECTION H - SPECIAL CONTRACT REQUIREMENTS

ARTICLE H.1. HUMAN SUBJECTS

Research involving human subjects shall not be conducted under this contract until the protocol has been approved by the National Institute of Allergy and Infectious Diseases (NIAID), written notice of such approval has been provided by the Contracting Officer, and the Contractor has provided to the Contracting Officer a properly completed "Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption", Form OMB No. 0990-0263 (formerly Optional Form 310) certifying IRB review and approval of the protocol. The human subject certification can be met by submission of the Contractor's self designated form, **provided** that it contains the information required by the "Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption", Form OMB No. 0990-0263 (formerly Optional Form 310).

When research involving Human Subjects will take place at collaborating sites or other performance sites, the Contractor shall obtain, and keep on file, a properly completed "Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption", Form OMB No. 0990-0263 (formerly Optional Form 310) certifying IRB review and approval of the research.

ARTICLE H.2. REQUIRED EDUCATION IN THE PROTECTION OF HUMAN RESEARCH PARTICIPANTS

NIH policy requires education on the protection of human subject participants for all investigators receiving NIH contract awards for research involving human subjects. For a complete description of the NIH Policy announcement on required education in the protection of human subject participants, the contractor should access the NIH Guide for Grants and Contracts Announcement dated June 5, 2000 at the following website: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-039.html.

The information below is a summary of the NIH Policy Announcement:

The contractor shall maintain the following information: (1) a list of the names and titles of the principal investigator and any other individuals working under the contract who are responsible for the design and/or conduct of the research; (2) the title of the education program(s) in the protection of human subjects that has been completed for each named personnel and; (3) a one sentence description of the educational program(s) listed in (2) above. This requirement extends to investigators and all individuals responsible for the design and/or conduct of the research who are working as subcontractors or consultants under the contract.

Prior to any substitution of the Principal Investigator or any other individuals responsible for the design and/or conduct of the research under the contract, the contractor shall provide the following written information to the Contracting Officer: the title of the education program and a one sentence description of the program that has been completed by the replacement.

ARTICLE H.3. DATA AND SAFETY MONITORING IN CLINICAL TRIALS

The contractor is directed to the full text of the NIH Policy regarding Data and Safety Monitoring and Reporting of Adverse Events, which may be found at the following web sites:

http://grants.nih.gov/grants/guide/notice-files/not98-084.html
http://grants.nih.gov/grants/guide/notice-files/not99-107.html
http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-038.html

The contractor must comply with the NIH Policy cited in these NIH Announcements and any other data and safety monitoring requirements found elsewhere in this contract.

Data and Safety Monitoring shall be performed in accordance with the approved Data and Safety Monitoring Plan.

The Data and Safety Monitoring _____ shall be established and approved prior to beginning the conduct of the clinical trial.

ARTICLE H.4. HUMAN MATERIALS

The acquisition and supply of all human specimen material (including fetal material) used under this contract shall be obtained by the Contractor in full compliance with applicable State and Local laws and the provisions of the Uniform Anatomical Gift Act in the United States, and no undue inducements, monetary or otherwise, will be offered to any person to influence their donation of human material.

ARTICLE H.5. RESEARCH INVOLVING RECOMBINANT DNA MOLECULES (Including Human Gene Transfer Research)

All research involving Recombinant DNA Molecules shall be conducted in accordance with the NIH Guidelines for Research Involving Recombinant DNA Molecules (http://www4.od.nih.gov/oba/rac/guidelines/guidelines.html) and the May 28, 2002 Notice, Compliance with the NIH Guidelines for Research Involving Recombinant DNA Molecules (http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-02-052.html) (and any subsequent revisions to the Guide Notice) which stipulates biosafety and containment measures for recombinant DNA research and delineates critical, ethical principles and key safety reporting requirements for human gene transfer research (See Appendix M of the Guidelines). These guidelines apply to both basic and clinical research studies.

The Recombinant DNA Advisory Committee (RAC) is charged with the safety of manipulation of genetic material through the use of recombinant DNA techniques. Prior to beginning any clinical trials involving the transfer of recombinant DNA to humans, the trial must be registered with the RAC. If this contract involves new protocols that contain unique and//or novel issues, the RAC must discuss them in a public forum and then the Institutional Biosafety Committee (IBC), the Institutional Review Board (IRB), and the project officer and contracting officer must approve the protocol prior to the start of the research.

Failure to comply with these requirements may result in suspension, limitation, or termination of the contract for any work related to Recombinant DNA Research or a requirement for contracting officer prior approval of any or all Recombinant DNA projects under this contract. This includes the requirements of the Standing Institutional Biosafety Committee (IBC) (See http://www4.od.nih.gov/oba/IBC/IBCindexpg.htm).

As specified in Appendix M-1-C-4 of the NIH Guidelines, any serious adverse event must be reported immediately to the IRB, the IBC, the Office for Human Research Protections (if applicable), and the NIH Office for Biotechnology Activities (OBA), followed by the filing of a written report with each office/group and copies to the project officer and contracting officer. (http://www4.od.nih.gov/oba/rac/guidelines_02/Appendix_M.htm#_Toc7255836).

ARTICLE H.6. CONTINUED BAN ON FUNDING OF HUMAN EMBRYO RESEARCH

a. Pursuant to Public Law(s) cited in paragraph b., below, NIH is prohibited from using appropriated funds to support human embryo research. Contract funds may not be used for (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and Section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)). The term "human embryo or embryos" includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

   Additionally, in accordance with a March 4, 1997 Presidential Memorandum, Federal funds may not be used for cloning of human beings

b.

Public Law and Section No.	Fiscal Year	Period Covered

[applicable information to be included at award]

ARTICLE H.7. NEEDLE EXCHANGE

a. Pursuant to Public Law(s) cited in paragraph b., below, contract funds shall not be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

b.

Public Law and Section No.	Fiscal Year	Period Covered
[applicable information to be included at award]		

ARTICLE H.8. PRESS RELEASES

a. Pursuant to Public Law(s) cited in paragraph b., below, the contractor shall clearly state, when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money: (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) the percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

b.

Public Law and Section No.	Fiscal Year	Period Covered
[applicable information to be included at award]		

ARTICLE H.9. ANTI -LOBBYING

a. Pursuant to Public Law(s) cited in paragraph c., below, contract funds shall only be used for normal and recognized executive-legislative relationships. Contract funds shall not be used, for publicity or propaganda purposes; or for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress or any State legislature, except in presentation to the Congress or any State legislature itself.

b. Contract funds shall not be used to pay salary or expenses of the contractor or any agent acting for the contractor, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

c.

Public Law and Section No.	Fiscal Year	Period Covered
[applicable information to be included at award]		

ARTICLE H.10. PRIVACY ACT, HHSAR 352.270-11 (January 2006)

This contract requires the Contractor to perform one or more of the following: (a) Design; (b) develop; or (c) operate a Federal agency system of records to accomplish an agency function in accordance with the Privacy Act of 1974 (Act) (5 U.S.C. 552a(m)(1)) and applicable agency regulations. The term "system of records" means a group of any

records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.

Violations of the Act by the Contractor and/or its employees may result in the imposition of criminal penalties (5 U.S.C. 552a(i)). The Contractor shall ensure that each of its employees knows the prescribed rules of conduct and that each employee is aware that he/she is subject to criminal penalties for violation of the Act to the same extent as HHS employees. These provisions also apply to all subcontracts awarded under this contract which require the design, development or operation of the designated system(s) of records (5 U.S.C. 552a(m)(1)).

The contract work statement: (a) Identifies the system(s) of records and the design, development, or operation work to be performed by the Contractor; and (b) specifies the disposition to be made of such records upon completion of contract performance.

(End of clause)

45 CFR Part 5b contains additional information which includes the rules of conduct and other Privacy Act requirements and can be found at: http://www.access.gpo.gov/nara/cfr/waisidx_06/45cfr5b_06.html.

The Privacy Act System of Records applicable to this project is Number 09-25-0200. This document is incorporated into this contract by reference. This document is also available at: http://oma.od.nih.gov/ms/privacy/pa-files/read02systems.htm.

ARTICLE H.11. ANIMAL WELFARE

All research involving live, vertebrate animals shall be conducted in accordance with the Public Health Service Policy on Humane Care and Use of Laboratory Animals. This policy may be accessed at:

http://grants1.nih.gov/grants/olaw/references/phspol.htm.

ARTICLE H.12. OMB CLEARANCE or CLINICAL EXEMPTION

In accordance with HHSAR 352.270-7, Paperwork Reduction Act, the Contractor shall not proceed with surveys or interviews until such time as Office of Management and Budget (OMB) Clearance for conducting interviews has been obtained by the Project Officer and the Contracting Officer has issued written approval to proceed. In addition, in accordance with 5 CFR 1320.3(h)(5), this requirement may be eligible for a Clinical Exemption to OMB Clearance requirements subject to the approval of the NIH Clinical Exemption Review Committee (CERC). The clinical exemption must be obtained and written approval to proceed received from the Project Officer and Contracting Officer before data is collected under this contract or any subcontract.

ARTICLE H.13. OPTION PROVISION

Unless the Government exercises its option pursuant to the Option Clause set forth in ARTICLE I.3., the contract will consist only of the Base Period of the Statement of Work as defined in Sections C and F of the contract. Pursuant to FAR Clause 52.217-9, Option to Extend the Term of the Contract set forth in ARTICLE I.3. of this contract, the Government may, by unilateral contract modification, require the Contractor to perform additional options set forth in the Statement of Work and also defined in Sections C and F of the contract. If the Government exercises this option, notice must be given at least 60 days prior to the expiration date of this contract, and the estimated cost plus fixed fee] of the contract will be increased as set forth in the ESTIMATED COST PLUS FIXED FEE Article in SECTION B of this contract.

ARTICLE H.14. SUBCONTRACTING PROVISIONS

a. **Small Business Subcontracting Plan**

1. The Small Business Subcontracting Plan, dated _____ is attached hereto and made a part of this contract.

2. The failure of any Contractor or subcontractor to comply in good faith with FAR Clause 52.219-8, entitled "Utilization of Small Business Concerns" incorporated in this contract and the attached Subcontracting Plan, will be a material breach of such contract or subcontract and subject to the remedies reserved to the Government under FAR Clause 52.219-16 entitled, "Liquidated Damages-Subcontracting Plan."

b. **Subcontracting Reports**
The Contractor shall submit the following Subcontracting reports electronically via the "electronic Subcontracting Reporting System (eSRS) at http://www.esrs.gov.

1. Individual Subcontract Reports (ISR)
Regardless of the effective date of this contract, the Report shall be submitted on the following dates for the entire life of this contract:
April 30th
October 30th

2. Summary Subcontract Report (SSR)
Regardless of the effective date of this contract, the Summary Subcontract Report shall be submitted annually on the following date for the entire life of this contract:
October 30th

For both the Individual and Summary Subcontract Reports, the Contracting Officer shall be included as a contact for notification purposes at the following e-mail address:

_____
Contracting Officer

ARTICLE H.15. SALARY RATE LIMITATION LEGISLATION PROVISIONS

a. Pursuant to the P.L.(s) cited in paragraph b., below, no NIH Fiscal Year funds may be used to pay the direct salary of an individual through this contract at a rate in excess of the applicable amount shown or the applicable Executive Level for the fiscal year covered. Direct salary is exclusive of fringe benefits, overhead and general and administrative expenses (also referred to as "indirect costs" or "facilities and administrative (F & A) costs"). Direct salary has the same meaning as the term "institutional base salary." An individual's direct salary (or institutional base salary) is the annual compensation that the contractor pays for an individual's appointment whether that individual's time is spent on research, teaching, patient care or other activities. Direct salary (or institutional base salary) excludes any income that an individual may be permitted to earn outside of duties to the contractor. The annual salary rate limitation also applies to individuals proposed under subcontracts. It does not apply to fees paid to consultants. If this is a multiple year contract, it may be subject to unilateral modifications by the Government if an individual's salary rate used to establish contract funding exceeds any salary rate limitation subsequently established in future HHS appropriation acts.

b.

Public Law and Section No.*	Fiscal Year*	Dollar Amount of Salary Limitation*

c. Payment of direct salaries is limited to the Executive Level rate which was in effect on the date(s) the expense was incurred.

[*Applicable information to be included at award]

ARTICLE H.16. INFORMATION SECURITY

The Statement of Work (SOW) requires the contractor to (1) develop, (2) have the ability to access, or (3) host and/or maintain a Federal information system(s). Pursuant to Federal and HHS Information Security Program Policies, the contractor and any subcontractor performing under this contract shall comply with the following requirements:

Federal Information Security Management Act of 2002 (FISMA), Title III, E-Government Act of 2002, Pub. L. No. 107-347 (Dec. 17, 2002); http://csrc.nist.gov/policies/FISMA-final.pdf

a. Information Type

[X] Administrative, Management and Support Information
[ ] Mission Based Information

b. Security Categories and Levels

Confidentiality Level:	[X] Low [ ] Moderate [ ] High
Integrity Level:	[ ] Low [X] Moderate [ ] High
Availability Level:	[X] Low [ ] Moderate [ ] High

Overall Level: [ ] **Low** [X] **Moderate** [ ] **High**

c. Position Sensitivity Designations

1. The following position sensitivity designations and associated clearance and investigation requirements apply under this contract.
   [ ] **Level 6: Public Trust - High Risk (Requires Suitability Determination with a BI**). Contractor employees assigned to a Level 6 position are subject to a Background Investigation (BI)

   [ ] **Level 5: Public Trust - Moderate Risk (Requires Suitability Determination with NACIC, MBI or LBI).** Contractor employees assigned to a Level 5 position with no previous investigation and approval shall undergo a National Agency Check and Inquiry Investigation plus a Credit Check (NACIC), a Minimum Background Investigation (MBI), or a Limited Background Investigation (LBI).
   [X] **Level 1: Non Sensitive (Requires Suitability Determination with an NACI).** Contractor employees assigned to a Level 1 position are subject to a National Agency Check and Inquiry Investigation (NACI).

2. The contractor shall submit a roster, by name, position, e-mail address, phone number and responsibility, of all staff (including subcontractor staff) working under the contract who will develop, have the ability to access, or host and/or maintain a Federal information system(s). The roster shall be submitted to the Project Officer, with a copy to the Contracting Officer, within 14 calendar days of the effective date of the contract. Any revisions to the roster as a result of staffing changes shall be submitted within 15 calendar days of the change. The Contracting Officer shall notify the contractor of the appropriate level of suitability investigations to be performed. An electronic template, "Roster of Employees Requiring Suitability Investigations," is available for contractor use at: http://ais.nci.nih.gov/forms/Suitability-roster.xls.
   Upon receipt of the Government's notification of applicable Suitability Investigations required, the contractor shall complete and submit the required forms within 30 days of the notification. Additional submission instructions can be found at the "NCI Information Technology Security Policies, Background Investigation Process" website: http://ais.nci.nih.gov.
   Contractor/subcontractor employees who have met investigative requirements within the past five years may only require an updated or upgraded investigation.

3. Contractor/subcontractor employees shall comply with the HHS criteria for the assigned position sensitivity designations prior to performing any work under this contract. The following exceptions apply:
   Levels 5 and 1: Contractor/subcontractor employees may begin work under the contract after he contractor has submitted the name, position and responsibility of the employee to the Project Officer, as described in paragraph c. (2) above.
   Level 6: In special circumstances the Project Officer may request a waiver of the pre-appointment investigation. If the waiver is granted, the Project Officer will provide written authorization for the contractor/subcontractor employee to work under the contract.

d. Information Security Training

The contractor shall ensure that each contractor/subcontractor employee has completed the NIH Computer Security Awareness Training course at: http://irtsectraining.nih.gov/ prior to performing any contract work, and thereafter completing the NIH-specified fiscal year refresher course during the period of performance of the contract.
The contractor shall maintain a listing by name and title of each contractor/subcontractor employee working under this contract that has completed the NIH required training. Any additional security training completed by contractor/subcontractor staff shall be included on this listing. [The listing of completed training shall be included in the first technical progress report. (See Article C.2. Reporting Requirements.) Any revisions to this listing as a result of staffing changes shall be submitted with next required technical progress report.]

e. Rules of Behavior

The contractor/subcontractor employees shall comply with the NIH Information Technology General Rules of Behavior at: http://irm.cit.nih.gov/security/nihitrob.html.

f. Personnel Security Responsibilities

Contractor Notification of New and Departing Employees Requiring Background Investigations

1. The contractor shall notify the Contracting Officer, the Project Officer, and the Security Investigation Reviewer **within five working days** before a new employee assumes a position that requires a suitability determination or when an employee with a security clearance stops working under the contract. The government will initiate a background investigation on new employees requiring security clearances and will stop pending background investigations for employees that no longer work under the contract.
2. New employees: Provide the name, position title, e-mail address, and phone number of the new employee. Provide the name, position title and suitability level held by the former incumbent. If the employee is filling a new position, provide a description of the position and the government will determine the appropriate security level.
3. Departing employees:
   - Provide the name, position title, and security clearance level held by or pending for the individual.
   - Perform and document the actions identified in the "Employee Separation Checklist", attached in Section J, ATTACHMENTS of this contract, when a contractor/subcontractor employee terminates work under this contract. All documentation shall be made available to the Project Officer and/or Contracting Officer upon request.

g. Commitment to Protect Non-Public Departmental Information Systems and Data

1. Contractor Agreement
   The Contractor and its subcontractors performing under this SOW shall not release, publish, or disclose non-public Departmental information to unauthorized personnel, and shall protect such information in accordance with provisions of the following laws and any other pertinent laws and regulations governing the confidentiality of such information:
   -18 U.S.C. 641 (Criminal Code: Public Money, Property or Records)
   -18 U.S.C. 1905 (Criminal Code: Disclosure of Confidential Information)
   -Public Law 96-511 (Paperwork Reduction Act)
2. Contractor-Employee Non-Disclosure Agreements
   Each contractor/subcontractor employee who may have access to non-public Department information under this contract shall complete the Commitment to Protect Non-Public Information - Contractor

Agreement. A copy of each signed and witnessed Non-Disclosure agreement shall be submitted to the Project Officer prior to performing any work under the contract.

h. NIST SP 800-26 Self-Assessment Questionnaire

The contractor shall annually update and re-submit its Self-Assessment Questionnaire required by NIST Draft SP 800-26, Revision 1, Guide for Information Security Program Assessments and System Reporting Form (http://csrc.nist.gov/publications/drafts/Draft-sp800-26Rev1.pdf - See Appendix B for format).

Subcontracts: The contractor's annual update to its Self-Assessment Questionnaire shall include similar information for any subcontractor that performs under the SOW to (1) develop a Federal information system(s) at the contractor's/subcontractor's facility, or (2) host and/or maintain a Federal information system(s) at the contractor's/subcontractor's facility.

The annual update shall be submitted to the Project Officer, with a copy to the Contracting Officer [For option contracts: no later than the completion date of the period of performance/ for all other contracts: indicate due date as determined by the Project Officer/Contracting Officer].

i. Information System Security Plan

The contractor's draft ISSP submitted with its proposal shall be finalized in coordination with the Project Officer no later than 90 calendar days after contract award.

Following approval of its draft ISSP, the contractor shall update and resubmit its ISSP to the Project Officer every three years or when a major modification has been made to its internal system. The contractor shall use the current ISSP template in Appendix A of NIST SP 800-18, Guide to Developing Security Plans for Federal Information Systems. (http://csrc.nist.gov/publications/nistpubs/800-18-Rev1/sp800-18-Rev1-final.pdf). The details contained in the contractor's ISSP shall be commensurate with the size and complexity of the requirements of the SOW based on the System Categorization determined above in subparagraph (b) Security Categories and Levels of this Article.

Subcontracts: The contractor shall include similar information for any subcontractor performing under the SOW with the contractor whenever the submission of an ISSP is required.

ARTICLE H.17. ENERGY STAR REQUIREMENTS

Executive Order 13123, "Greening the Government Through Efficient Energy Management" and FAR 23.203 require that when Federal Agencies acquire energy using products, they select, where life-cycle cost-effective, and available, ENERGY STAR® or other energy efficient products.

Unless the Contracting Officer determines otherwise, all energy-using products acquired under this contract must be either an ENERGY STAR® or other energy efficient product designated by the Department of Energy's Federal Energy Management Program (FEMP).

For more information about ENERGY STAR® see http://www.energystar.gov/
For more information about FEMP see http://www.eere.energy.gov/

ARTICLE H.18. PUBLICATION AND PUBLICITY

In addition to the requirements set forth in HHSAR Clause **352.270-6, Publications and Publicity** incorporated by reference in SECTION I of this contract, the contractor shall acknowledge the support of the National Institutes of Health whenever publicizing the work under this contract in any media by including an acknowledgment substantially as follows:

"This project has been funded in whole or in part with Federal funds from the National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services, under Contract No. _____"

ARTICLE H.19. REPORTING MATTERS INVOLVING FRAUD, WASTE AND ABUSE

Anyone who becomes aware of the existence or apparent existence of fraud, waste and abuse in NIH funded programs is encouraged to report such matters to the HHS Inspector General's Office in writing or on the Inspector General's Hotline. The toll free number is **1-800-HHS-TIPS (1-800-447-8477).** All telephone calls will be handled confidentially. The e-mail address is **Htips@os.dhhs.gov** and the mailing address is:

Office of Inspector General
Department of Health and Human Services
TIPS HOTLINE
P.O. Box 23489
Washington, D.C. 20026

ARTICLE H.20. SHARING RESEARCH DATA

[The data sharing plan submitted by the contractor is acceptable/The contractor's data sharing plan, dated _____ is hereby incorporated by reference.] The contractor agrees to adhere to its plan and shall request prior approval of the Contracting Officer for any changes in its plan.

The NIH endorses the sharing of final research data to serve health. this contract is expected to generate research data that must be shared with the public and other researchers. NIH's data sharing policy may be found at the following Web site:

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-03-032.html

NIH recognizes that data sharing may be complicated or limited, in some cases, by institutional policies, local IRB rules, as well as local, state and Federal laws and regulations, including the Privacy Rule (see HHS-published documentation on the Privacy Rule at http://www.hhs.gov/ocr/). The rights and privacy of people who participate in NIH-funded research must be protected at all times; thus, data intended for broader use should be free of identifiers that would permit linkages to individual research participants and variables that could lead to deductive disclosure of the identity of individual subjects.

ARTICLE H.21. POSSESSION USE AND TRANSFER OF SELECT BIOLOGICAL AGENTS OR TOXINS

The contractor shall not conduct work involving select agents or toxins under this contract until it and any associated subcontractor(s) comply with the following:

For prime or subcontract awards to ***domestic institutions*** that possess, use, and/or transfer Select Agents under this contract, the institution must comply with the provisions of 42 CFR part 73, 7 CFR part 331, and/or 9 CFR part 121 (http://www.aphis.usda.gov/programs/ag_selectagent/FinalRule3-18-05.pdf) as required, before using NIH funds for research involving Select Agents. No NIH funds can be used for research involving Select Agents if the final registration certificate is denied.

For prime or subcontract awards to ***foreign institutions*** that possess, use, and/or transfer Select Agents under this contract, before using NIH funds for any work directly involving the Select Agents, the foreign institution must provide information satisfactory to the NIAID, NIH that safety, security, and training standards equivalent to those described in 42 CFR part 73, 7 CFR part 331, and/or 9 CFR part 121 at: (http://www.aphis.usda.gov/programs/ag_selectagent/FinalRule3-18-05.pdf) are in place and will be administered on behalf of all Select Agent work sponsored by these funds. The process for making this determination includes inspection of the foreign laboratory facility by an NIAID representative. During this inspection, the foreign institution must provide the following information: concise summaries of safety, security, and training plans; names of individuals at the foreign institution who will have access to the Select Agents and procedures for ensuring that only approved and appropriate individuals, in accordance with institution procedures, will have access to the Select Agents under the contract; and copies of or links to any applicable laws, regulations, policies,

and procedures applicable to that institution for the safe and secure possession, use, and/or transfer of select agents. An NIAID-chaired committee of U.S. federal employees (including representatives of NIH grants/contracts and scientific program management, CDC, Department of Justice and other federal intelligence agencies, and Department of State) will ultimately assess the results of the laboratory facility inspection, and the regulations, policies, and procedures of the foreign institution for equivalence to the U.S. requirements described in 42 CFR part 73, 7 CFR part 331, and/or 9 CFR part 121 (http://www.aphis.usda.gov/programs/ag_selectagent/FinalRule3-18-05.pdf). The committee will provide recommendations to the DEA Director, NIAID. The DEA Director will make the approval decision and notify the Contracting Officer. The Contracting Officer will inform the prime contractor of the approval status of the foreign institution. No NIH funds can be used for research involving Select Agents at a foreign institution until NIAID grants this approval.

Listings of HHS select agents and toxins, and overlap select agents or toxins as well as information about the registration process for domestic institutions, are available on the Select Agent Program Web site at http://www.cdc.gov/od/sap/ and http://www.cdc.gov/od/sap/docs/salist.pdf. Listings of USDA select agents and toxins as well as information about the registration process for domestic institutions are available on the APHIS/USDA website at: http://www.aphis.usda.gov/programs/ag_selectagent/index.html and:
http://www.aphis.usda.gov/programs/ag_selectagent/ag_bioterr_forms.html
For foreign institutions, see the NIAID Select Agent Award information:
(http://www.niaid.nih.gov/ncn/clinical/default_biodefense.htm).

ARTICLE H.22. HOTEL AND MOTEL FIRE SAFETY ACT OF 1990 (P.L. 101-391)

Pursuant to Public Law 101-391, no Federal funds may be used to sponsor or fund in whole or in part a meeting, convention, conference or training seminar that is conducted in, or that otherwise uses the rooms, facilities, or services of a place of public accommodation that do not meet the requirements of the fire prevention and control guidelines as described in the Public Law. This restriction applies to public accommodations both foreign and domestic.

Public accommodations that meet the requirements can be accessed at: http://www.usfa.fema.gov/hotel/index.htm.

ARTICLE H.23. PROHIBITION ON CONTRACTOR INVOLVEMENT WITH TERRORIST ACTIVITIES

The contractor acknowledges that U.S. Executive Orders and Laws, including but not limited to E.O. 13224 and P.L. 107-56, prohibit transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor to ensure compliance with these Executive Orders and Laws. This clause must be included in all subcontracts issued under this contract.

ARTICLE H.24. NIH POLICY ON ENHANCING PUBLIC ACCESS TO ARCHIVED PUBLICATIONS RESULTING FROM NIH-FUNDED RESEARCH

The Policy requests that beginning May 2, 2005, NIH-funded investigators submit to the NIH National Library of Medicine's (NLM) PubMed Central (PMC) an electronic version of the author's final manuscript, upon acceptance for publication, resulting from research supported in whole or in part with direct costs from NIH. NIH defines the author's final manuscript as the final version accepted for journal publication, and includes all modifications from the publishing peer review process. The PMC archive will preserve permanently these manuscripts for use by the public, health care providers, educators, scientists, and NIH. The Policy directs electronic submissions to the NIH/NLM/PMC: http://www.pubmedcentral.nih.gov.

Additional information is available at http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-022.html.

PART II - CONTRACT CLAUSES

SECTION I - CONTRACT CLAUSES

THE FOLLOWING ARTICLE I.1. GENERAL CLAUSE LISTING(S) WILL BE APPLICABLE TO MOST CONTRACTS RESULTING FROM THIS RFP. HOWEVER, THE ORGANIZATIONAL STRUCTURE OF THE SUCCESSFUL OFFEROR(S) WILL DETERMINE THE SPECIFIC GENERAL CLAUSE LISTING TO BE CONTAINED IN THE CONTRACT(S) AWARDED FROM THIS RFP:

The complete listing of these clauses may be accessed at:
http://rcb.cancer.gov/rcb-internet/appl/general-clauses/clauses.jsp

General Clauses for a Cost-Reimbursement Research and Development Contract

ARTICLE I.2. AUTHORIZED SUBSTITUTIONS OF CLAUSES

Any authorized substitutions and/or modifications other than the General Clauses which will be based on the type of contract/Contractor will be determined during negotiations.

It is expected that the following substitution(s) will be made part of the resultant contract:

a. *FAR Clauses **52.215-15, Pension Adjustments And Asset Reversions** (October 2004); **52.215-18, Reversion Or Adjustment Of Plans For Post Retirement Benefits (PRB) Other Than Pensions** (July 2005); and, 52.215-19, **Notification Of Ownership Changes** (October 1997), are deleted in their entirety.*

b. ***Alternate IV** (October 1997) of FAR Clause **52.215-21, Requirements For Cost Or Pricing Data Or Information Other Than Cost Or Pricing Data--Modifications** (October 1997) is added.*

c. ***Alternate II** (October 2001) of FAR Clause **52.219-9, Small Business Subcontracting Plan** (September 2006) is added.*

d. *FAR Clause **52.232-20, Limitation Of Cost** (April 1984), is deleted in its entirety and FAR Clause **52.232-22, Limitation Of Funds** (April 1984) is substituted therefor. **[NOTE: When this contract is fully funded, FAR Clause 52.232-22, LIMITATION OF FUNDS will no longer apply and FAR Clause 52.232-20, LIMITATION OF COST will become applicable.]***

ARTICLE I.3. ADDITIONAL CONTRACT CLAUSES

Additional clauses other than those listed below which are based on the type of contract/Contractor shall be determined during negotiations. Any contract awarded from this solicitation will contain the following:

This contract incorporates the following clauses by reference, (unless otherwise noted), with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available.

a. FEDERAL ACQUISITION REGULATION (FAR) (48 CFR CHAPTER 1) CLAUSES

1. FAR Clause **52.217-9, Option to Extend the Term of the Contract** (March 2000).

   "(a) The Government may extend the term of this contract by written notice to the Contractor within _____ [INSERT THE PERIOD OF TIME WITHIN WHICH THE CONTRACTING OFFICER MAY EXERCISE THE OPTION]; provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least __ days [60 days unless a different number of days is inserted] before the contract expires. The preliminary notice does not commit the Government to an extension."

   "c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed __ [MONTHS/YEARS]."

2. *FAR Clause **52.219-4, Notice of Price Evaluation Preference for HUBZone Small Business Concerns** (July 2005).*

   "(c) Waiver of evaluation preference.....
   ***[ ]** Offeror elects to waive the evaluation preference."*

3. *FAR Clause **52.219-25, Small Disadvantaged Business Participation Program--Disadvantaged Status and Reporting** (October 1999).*

4. *FAR Clause **52.223-3, Hazardous Material Identification and Material Safety Data** (January 1997), with **Alternate I** (July 1995).*

5. *FAR Clause **52.224-1, Privacy Act Notification** (April 1984).*

6. *FAR Clause **52.224-2, Privacy Act** (April 1984).*

7. **Alternate II** (June 1987), FAR Clause **52.227-14, Rights in Data--General** (June 1987).

   Additional purposes for which the limited rights data may be used are:

8. **Alternate III** (June 1987), FAR Clause **52.227-14, Rights in Data--General** (June 1987).

   Additions to, or limitations on, the restricted rights set forth in the Restricted Rights Notice of subparagraph (g)(3) of the clause are expressly stated as follows:

9. **Alternate V** (June 1987), FAR Clause **52.227-14, Rights in Data--General** (June 1987).

   Specific data items that are not subject to paragraph (j) include:

10. *FAR Clause* **52.227-15, Representation of Limited Rights Data and Restricted Computer Software** (*June 1987*)

11. *FAR Clause* ***52.227-16, Additional Data Requirements*** *(June 1987).*

12. FAR Clause **52.227-17, Rights in Data--Special Works** (June 1987).

13. *FAR Clause* ***52.229-8, Taxes-Foreign Cost-Reimbursement Contracts*** *(March 1990).*

14. *FAR Clause* ***52.229-9, Taxes-Cost-Reimbursement Contracts with Foreign Governments*** *(March 1990).*

15. *FAR Clause* ***52.230-2, Cost Accounting Standards*** *(April 1998).*

16. *FAR Clause* ***52.230-3, Disclosure and Consistency of Cost Accounting Practices*** *(April 1998).*

17. *FAR Clause* ***52.230-6, Administration of Cost Accounting Standards*** *(April 2005).*

18. *FAR Clause* ***52.239-1, Privacy or Security Safeguards*** *(August 1996).*

19. *FAR Clause* ***52.246-23, Limitation of Liability*** *(February 1997).*

20. *FAR Clause* ***52.247-63, Preference for U.S. Flag Air Carriers*** *(June 2003).*

21. *FAR Clause* ***52.247-64, Preference for Privately Owned U.S. Flag Commercial Vessels*** *(February 2006).*

22. *FAR Clause* ***52.247-68, Report of Shipment (REPSHIP)*** *(February 2006).*

23. *FAR Clause* ***52.251-1, Government Supply Sources*** *(April 1984).*

b. *DEPARTMENT OF HEALTH AND HUMAN SERVICES ACQUISITION REGULATION (HHSAR) (48 CHAPTER 3) CLAUSES:*

1. *HHSAR Clause* ***352.223-70, Safety and Health*** *(January 2006).*

2. *HHSAR Clause* ***352.270-1, Accessibility of Meetings, Conferences and Seminars to Persons with Disabilities*** *(January 2001).*

3. *HHSAR Clause* ***352.270-7, Paperwork Reduction Act*** *(January 2006).*

4. *HHSAR Clause* ***352.270-8(b), Protection of Human Subjects*** *(January 2006).*

5. *HHSAR Clause* ***352.270-9(b), Care of Live Vertebrate Animals*** *(January 2006).*

6. *HHSAR Clause **352.333-7001, Choice of Law (Overseas)** (March 2005).*

c. *NATIONAL INSTITUTES OF HEALTH (NIH) RESEARCH CONTRACTING (RC) CLAUSES:*

The following clauses are attached and made a part of this contract:

1. ***NIH (RC)-7, Procurement of Certain Equipment** (April 1984).*

2. ***NIH(RC)-11, Research Patient Care Costs** (4/1/84).*

ARTICLE I.4. ADDITIONAL FAR CONTRACT CLAUSES INCLUDED IN FULL TEXT

Additional clauses other than those listed below which are based on the type of contract/Contractor shall be determined during negotiations. Any contract awarded from this solicitation will contain the following:

This contract incorporates the following clauses in full text.

FEDERAL ACQUISITION REGULATION (FAR)(48 CFR CHAPTER 1) CLAUSES:

a. *FAR Clause **52.222-39, Notification Of Employee Rights Concerning Payment Of Union Dues Or Fees** (December 2004)*

(a) Definition. As used in this clause --

United States means the 50 States, the District of Columbia, Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, and Wake Island.

(b) Except as provided in paragraph (e) of this clause, during the term of this contract, the Contractor shall post a notice, in the form of a poster, informing employees of their rights concerning union membership and payment of union dues and fees, in conspicuous places in and about all its plants and offices, including all places where notices to employees are customarily posted. The notice shall include the following information (except that the information pertaining to National Labor Relations Board shall not be included in notices posted in the plants or offices of carriers subject to the Railway Labor Act, as amended (45 U.S.C. 151-188)).

Notice to Employees

Under Federal law, employees cannot be required to join a union or maintain membership in a union in order to retain their jobs. Under certain conditions, the law permits a union and an employer to enter into a union-security agreement requiring employees to pay uniform periodic dues and initiation fees. However, employees who are not union members can object to the use of their payments for certain purposes and can only be required to pay their share of union costs relating to collective bargaining, contract administration, and grievance adjustment.

If you do not want to pay that portion of dues or fees used to support activities not related to collective bargaining, contract administration, or grievance adjustment, you are entitled to an appropriate reduction in your payment. If you believe that you have been required to pay dues or fees used in part to support activities not related to collective bargaining, contract administration, or grievance adjustment, you may be entitled to a refund and to an appropriate reduction in future payments.

For further information concerning your rights, you may wish to contact the National Labor Relations Board (NLRB) either at one of its Regional offices or at the following address or toll free number:

National Labor Relations Board
Division of Information
1099 14th Street, N.W.
Washington, DC 20570
1-866-667-6572
1-866-316-6572 (TTY)

To locate the nearest NLRB office, see NLRB's website at http://www.nlrb.gov.

(c) The Contractor shall comply with all provisions of Executive Order 13201 of February 17, 2001, and related implementing regulations at 29 CFR part 470, and orders of the Secretary of Labor.

(d) In the event that the Contractor does not comply with any of the requirements set forth in paragraphs (b), (c), or (g), the Secretary may direct that this contract be cancelled, terminated, or suspended in whole or in part, and declare the Contractor ineligible for further Government contracts

in accordance with procedures at 29 CFR part 470, Subpart B--Compliance Evaluations, Complaint Investigations and Enforcement Procedures. Such other sanctions or remedies may be imposed as are provided by 29 CFR part 470, which implements Executive Order 13201, or as are otherwise provided by law.

(e) The requirement to post the employee notice in paragraph (b) does not apply to--

(1)Contractors and subcontractors that employ fewer than 15 persons;

(2)Contractor establishments or construction work sites where no union has been formally recognized by the Contractor or certified as the exclusive bargaining representative of the Contractor's employees;

(3) Contractor establishments or construction work sites located in a jurisdiction named in the definition of the United States in which the law of that jurisdiction forbids enforcement of union-security agreements;

(4)Contractor facilities where upon the written request of the Contractor, the Department of Labor Deputy Assistant Secretary for Labor-Management Programs has waived the posting requirements with respect to any of the Contractor's facilities if the Deputy Assistant Secretary finds that the Contractor has demonstrated that--

(i) The facility is in all respects separate and distinct from activities of the Contractor related to the performance of a contract; and

(ii) Such a waiver will not interfere with or impede the effectuation of the Executive order; or

(5) Work outside the United States that does not involve the recruitment or employment of workers within the United States.

(f) The Department of Labor publishes the official employee notice in two variations; one for contractors covered by the Railway Labor Act and a second for all other contractors. The Contractor shall--

(1) Obtain the required employee notice poster from the Division of Interpretations and Standards, Office of Labor-Management Standards, U.S. Department of Labor, 200 Constitution Avenue, NW, Room N-5605, Washington, DC 2021, or from any field office of the Department's Office of Labor-Management Standards or Office of Federal Contract Compliance Programs;

(2) Download a copy of the poster from the Office of Labor-Management Standards website at http://www.olms.dol.gov; or

(3) Reproduce and use exact duplicate copies of the Department of Labor's official poster.

(g) The Contractor shall include the substance of this clause in every subcontract or purchase order that exceeds the simplified acquisition threshold, entered into in connection with this contract, unless exempted by the Department of Labor Deputy Assistant Secretary for Labor-Management Programs on account of special circumstances in the national interest under authority of 29 CFR 470.3(c). For indefinite quantity subcontracts, the Contractor shall include the substance of this clause if the value of orders in any calendar year of the subcontract is expected to exceed the simplified acquisition threshold. Pursuant to 29 CFR part 470, Subpart B--Compliance Evaluations, Complaint Investigations and Enforcement Procedures, the Secretary of Labor may direct the Contractor to take such action in the enforcement of these regulations, including the imposition of sanctions for noncompliance with respect to any such subcontract or purchase order. If the Contractor becomes involved in litigation with a subcontractor or vendor, or is threatened with such involvement, as a result of such direction, the Contractor may request the United States, through the Secretary of Labor, to enter into such litigation to protect the interests of the United States.
(End of Clause)

b. FAR Clause **52.247-67, Submission of Transportation Documents for Audit** (February 2006).

(a) The Contractor shall submit to the address identified below, for prepayment audit, transportation documents on which the United States will assume freight charges that were paid--

(1) By Contractor under a cost-reimbursement contract; and
(2) By a first-tier subcontractor under a cost-reimbursement subcontract thereunder.

(b) Cost-reimbursement Contractors shall only submit for audit those bills of lading with freight shipment charges exceeding $100. Bills under $100 shall be retained on-site by the Contractor and made available for on-site audits. This exception only applies to freight shipment bills and is not intended to apply to bills and invoices for any other transportation services.

(c) Contractors shall submit the above referenced transportation documents to--

_____

_____

_____

[To be filled in by the Contracting Officer]

PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS

SECTION J - LIST OF ATTACHMENTS

The following documents are incorporated into this RFP:

SOLICITATION ATTACHMENTS

Attachment No.	Title	Location
Attachment 1:	Packaging and Delivery of Proposals	See Attachment at end of BAA.
Attachment 2:	Proposal Intent Response Sheet	See Attachment at end of BAA.
Attachment 3:	Broad Agency Announcement Description	See Attachment at end of BAA.
Attachment 4:	Background and Introduction	See Attachment at end of BAA.
Attachment 5:	PART A - Research and Technical Objectives	See Attachment at end of BAA.
Attachment 6:	PART A - Reporting Requirements and Deliverables	See Attachment at end of BAA.
Attachment 7:	PART A - Section M - Evaluation Factors for Award	See Attachment at end of BAA.
Attachment 8:	PART A - Additional Technical Proposal Instructions	See Attachment at end of BAA.
Attachment 9:	PART B - Research and Technical Objectives	See Attachment at end of BAA.
Attachment 10:	PART B - Reporting Requirements and Deliverables	See Attachment at end of BAA.
Attachment 11:	PART B - Section M - Evaluation Factors for Award	See Attachment at end of BAA.
Attachment 12:	PART B - Additional Technical Proposal Instructions	See Attachment at end of BAA.
Attachment 13:	PARTS A & B - Additional Business Proposal Instructions and Uniform Cost Assumptions	See Attachment at end of BAA.
Attachment 14:	PARTS A & B - Advance Understandings	See Attachment at end of BAA.

TECHNICAL PROPOSAL ATTACHMENTS

Attachment No.	Title	Location
Attachment 15:	Targeted/Planned Enrollment Table	http://rcb.cancer.gov/rcb-internet/forms/enroll-table.pdf
Attachment 16:	Technical Proposal Cost Summary	http://www.niaid.nih.gov/contract/forms.htm
Attachment 17:	Summary of Related Activities	http://www.niaid.nih.gov/contract/forms.htm
Attachment 18:	Government Notice for Handling Proposals	http://www.niaid.nih.gov/contract/forms/form7.pdf
Attachment 19:	Protection of Human Subject Assurance Identification/IRB Certification/Declaration of Exemption, OMB Form No. 0990-0263 (Formerly Optional Form 310)	http://rcb.cancer.gov/rcb-internet/forms/of310.pdf

Attachment 20:	Project Objectives, NIH 1688-1	http://rcb.cancer.gov/rcb-internet/forms/nih1688-1.pdf

BUSINESS PROPOSAL ATTACHMENTS

Attachment No.	Title	Location
Attachment 21:	Proposal Summary and Data Record, NIH-2043	http://www.niaid.nih.gov/contract/forms.htm
Attachment 22:	Small Business Subcontracting Plan	rcb.cancer.gov/rcb-internet/forms/SBA Plan Nov 2005.pdf
Attachment 23:	Breakdown of Proposed Estimated Costs (plus fee) w/Excel Spreadsheet	http://oamp.od.nih.gov/contracts/BUSCOST.HTM http://oamp.od.nih.gov/Division/DFAS/spshexcl.xls
Attachment 24:	Offeror's Points of Contact	http://www.niaid.nih.gov/contract/forms.htm
Attachment 25:	Disclosure of Lobbying Activities, OMB Form SF-LLL	http://rcb.cancer.gov/rcb-internet/forms/sflllin.pdf

INFORMATIONAL ATTACHMENTS

Attachment No.	Title	Location
Attachment 26:	Invoice/Financing Request and Contract Financial Reporting Instructions--Cost Reimbursement, NIH(RC)-4	http://rcb.cancer.gov/rcb-internet/forms/rc4.pdf
Attachment 27:	Safety and Health, HHSAR Clause 352.223-70	http://rcb.cancer.gov/rcb-internet.nci.nih.gov/forms/safety&health-1-06.pdf
Attachment 28:	Procurement of Certain Equipment, NIH(RC)-7	http://www.niaid.nih.gov/contract/forms/NIH-RC-7.pdf
Attachment 29:	Research Patient Care Costs, NIH(RC)-11	http://www.niaid.nih.gov/contract/forms/nih-rc-11.pdf
Attachment 30:	Inclusion Enrollment Report	http://rcb.cancer.gov/rcb-internet/forms/inclusion-enrollment.pdf
Attachment 31:	Government Property Schedule	To be determined during negotiations.
Attachment 32:	Disclosure of Lobbying Activities, OMB Form SF-LLL	http://rcb.cancer.gov/rcb-internet/forms/sflllin.pdf
Attachment 33:	Commitment to Protect Non-Public Information Contractor Agreement	http://irm.cit.nih.gov/security/Nondisclosure.pdf
Attachment 34:	Roster of Employees Requiring Suitability Investigations	http://ais.nci.nih.gov/forms/Suitability-roster.xls
Attachment 35:	Employee Separation Checklist	http://rcb.cancer.gov/rcb-internet/forms/Emp-sep-checklist.pdf

PART IV - REPRESENTATIONS AND INSTRUCTIONS

SECTION K - REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS

IF YOU INTEND TO SUBMIT A PROPOSAL, YOU MUST :

1. Go to the Online Representations and Certifications Application (ORCA) at: https://orca.bpn.gov/ and complete the Representations and Certifications; and
2. Complete, and include as part of your BUSINESS PROPOSAL, SECTION K which can be accessed electronically from the INTERNET at the following address: http://rcb.cancer.gov/rcb-internet/wkf/sectionk.pdf

If you are unable to access this document electronically, you may request a copy from the Contracting Officer identified on the cover page of this solicitation.

SECTION L - INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

1. **GENERAL INFORMATION**

a. ***INSTRUCTIONS TO OFFERORS--COMPETITIVE ACQUISITION*** *[FAR Provision 52.215-1 (January 2006)]*

(a) Definitions. As used in this provision--

"Discussions" are negotiations that occur after establishment of the Order of Merit Ranking that may, at the Contracting Officer's discretion, result in the offeror being allowed to revise its proposal.

"In writing", "writing", or "written" means any worded or numbered expression that can be read, reproduced, and later communicated, and includes electronically transmitted and stored information.

"Proposal modification" is a change made to a proposal before the solicitation's closing date and time, or made in response to an amendment, or made to correct a mistake at any time before award.

"Proposal revision" is a change to a proposal made after the solicitation closing date, at the request of or as allowed by a Contracting Officer as the result of negotiations.

"Time," if stated as a number of days, is calculated using calendar days, unless otherwise specified, and will include Saturdays, Sundays, and legal holidays. However, if the last day falls on a Saturday, Sunday, or legal holiday, then the period shall include the next working day.

Amendments to solicitations. If this solicitation is amended, all terms and conditions that are not amended remain unchanged. Offerors shall acknowledge receipt of any amendment to this solicitation by the date and time specified in the amendment(s).

(b) Amendments to solicitations. If this solicitation is amended, all terms and conditions that are not amended remain unchanged. Offerors shall acknowledge receipt of any amendment to this solicitation by the date and time specified in the amendment(s).

(c) Submission, modification, revision, and withdrawal of proposals.

(1) Unless other methods (e.g., electronic commerce or facsimile) are permitted in the solicitation, proposals and modifications to proposals shall be submitted in paper media in sealed envelopes or packages (i) addressed to the office specified in the solicitation, and (ii) showing the time and date specified for receipt, the solicitation number, and the name and address of the offeror. Offerors using commercial carriers should ensure that the proposal is marked on the outermost wrapper with the information in paragraphs (c)(1)(i) and (c)(1)(ii) of this provision.

(2) The first page of the proposal must show--

(i) The solicitation number;

(ii) The name, address, and telephone and facsimile numbers of the offeror (and electronic address if available);

(iii) A statement specifying the extent of agreement with all terms, conditions, and provisions included in the solicitation and agreement to furnish any or all items upon which prices are offered at the price set opposite each item;

(iv) Names, titles, and telephone and facsimile numbers (and electronic addresses if available) of persons authorized to negotiate on the offeror's behalf with the Government in connection with this solicitation; and

(v) Name, title, and signature of person authorized to sign the proposal. Proposals signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.
Submission, modification, revision, and withdrawal of proposals. (i) Offerors are responsible for submitting proposals, and any modifications or revisions, so as to reach the Government office designated in the solicitation by the time specified in the solicitation. If no time is specified in the solicitation, the time for receipt is 4:30 p.m., local time, for the designated Government office on the date that proposal or revision is due.

(3) Submission, modification, revision, and withdrawal of proposals.

(i)Offerors are responsible for submitting proposals, and any modifications or revisions, so as to reach the Government office designated in the solicitation by the time specified in the solicitation. If no time is specified in the solicitation, the time for receipt is 4:30 p.m., local time, for the designated Government office on the date that proposal or revision is due.

(ii) (A) Any proposal, modification, or revision received at the Government office designated in the solicitation after the exact time specified for receipt of offers is "late" and will not be considered unless it is received before award is made, the Contracting Officer determines that accepting the late offer would not unduly delay the acquisition; and--

(1) If it was transmitted through an electronic commerce method authorized by the solicitation, it was received at the initial point of entry to the Government infrastructure not later than 5:00 p.m. one working day prior to the date specified for receipt of proposals; or

(2) There is acceptable evidence to establish that it was received at the Government installation designated for receipt of offers and was under the Government's control prior to the time set for receipt of offers; or

(3) It is the only proposal received.

(B) However, a late modification of an otherwise successful proposal that makes its terms more favorable to the Government, will be considered at any time it is received and may be accepted.

(iii) Acceptable evidence to establish the time of receipt at the Government installation includes the time/date stamp of that installation on the proposal wrapper, other documentary evidence of receipt maintained by the installation, or oral testimony or statements of Government personnel.

(iv) If an emergency or unanticipated event interrupts normal Government processes so that proposals cannot be received at the office designated for receipt of proposals by the exact time specified in the solicitation, and urgent Government requirements preclude amendment of the solicitation, the time specified for receipt of proposals will be deemed to be extended to the same time of day specified in the solicitation on the first work day on which normal Government processes resume.

(v) Proposals may be withdrawn by written notice received at any time before award. Oral proposals in response to oral solicitations may be withdrawn orally. If the solicitation authorizes facsimile proposals, proposals may be withdrawn via facsimile received at any time before award, subject to the conditions specified in the provision at 52.215-5, Facsimile Proposals. Proposals may be withdrawn in person by an offeror or an authorized representative, if the identity of the person requesting withdrawal is established and the person signs a receipt for the proposal before award.

(4) Unless otherwise specified in the solicitation, the offeror may propose to provide any item or combination of items.

(5) Offerors shall submit proposals in response to this solicitation in English, unless otherwise permitted by the solicitation, and in U.S. dollars, unless the provision at FAR 52.225-17, Evaluation of Foreign Currency Offers, is included in the solicitation.

(6) Offerors may submit modifications to their proposals at any time before the solicitation closing date and time, and may submit modifications in response to an amendment, or to correct a mistake at any time before award.

(7) Offerors may submit revised proposals only if requested or allowed by the Contracting Officer.

(8) Proposals may be withdrawn at any time before award. Withdrawals are effective upon receipt of notice by the Contracting Officer.

(d) Offer expiration date. Proposals in response to this solicitation will be valid for the number of days specified on the solicitation cover sheet (unless a different period is proposed by the offeror).

(e) Restriction on disclosure and use of data.

(1) The proposal submitted in response to this request may contain data (trade secrets; business data, e.g., commercial information, financial information, and cost and pricing data; and technical data) which the offeror, including its prospective subcontractor(s), does not want used or disclosed for any purpose other than for evaluation of the proposal. The use and disclosure of any data may be so restricted; provided, that the Government determines that the data is not required to be disclosed under the Freedom of Information Act, 5 U.S.C. 552, as amended, and the offeror marks the cover sheet of the proposal with the following statements, specifying the particular portions of the proposal which are to be restricted:

Unless disclosure is required by the Freedom of Information Act, 5 U.S.C. 552, as amended, (the Act) as determined by Freedom of Information (FOI) officials of the Department of Health and Human Services, data contained in the portions of this proposal which have been specifically identified by page number, paragraph, etc. by the offeror as containing restricted information shall not be used or disclosed except for evaluation purposes.

The offeror acknowledges that the Department may not be able to withhold a record (data, document, etc.) nor deny access to a record requested pursuant to the Act and that the Department's FOI officials must make that determination. The offeror hereby agrees that the Government is not liable for disclosure if the Department has determined that disclosure is required by the Act.

If a contract is awarded to the offeror as a result of, or in connection with, the submission of this proposal, the Government shall have right to use or disclose the data to the extent provided in the contract. Proposals not resulting in a contract remain subject to the Act.

The offeror also agrees that the Government is not liable for disclosure or use of unmarked data and may use or disclose the data for any purpose, including the release of the information pursuant to requests under the Act. The data subject to this restriction are contained in pages (insert page numbers, paragraph designations, etc. or other identification).

(2) In addition, the offeror must mark each page of data it wishes to restrict with the following statement:

"Use or disclosure of data contained on this page is subject to the restriction on the cover sheet of this proposal or quotation."

(3) Offerors are cautioned that proposals submitted with restrictive statements or statements differing in substance from those cited above may not be considered for award. The Government reserves the right to reject any proposal submitted with a nonconforming statement(s).

(f) Contract award.

(1) The Government intends to award a contract or contracts resulting from this solicitation to the responsible offeror(s) whose proposal(s) represents the best value after evaluation in accordance with the factors and subfactors in the solicitation.

(2) The Government may reject any or all proposals if such action is in the Government's interest.

(3) The Government may waive informalities and minor irregularities in proposals received.

(4) The Government intends to evaluate proposals and award a contract without discussions with offerors (except clarifications as described in FAR 15.306(a)). Therefore, the offeror's initial proposal should contain the offeror's best terms from a cost or price and technical standpoint. The Government reserves the right to conduct discussions if the Contracting Officer later determines them to be necessary. If the Contracting Officer determines that the number of proposals that would otherwise be in the Order of Merit Ranking exceeds the number at which an efficient competition can be conducted, the Contracting Officer may limit the number of proposals in the Order of Merit Ranking to the greatest number that will permit an efficient competition among the most highly rated proposals.

(5) The Government reserves the right to make an award on any item for a quantity less than the quantity offered, at the unit cost or prices offered, unless the offeror specifies otherwise in the proposal.

(6) The Government reserves the right to make multiple awards if, after considering the additional administrative costs, it is in the Government's best interest to do so.

(7) Exchanges with offerors after receipt of a proposal do not constitute a rejection or counteroffer by the Government.

(8) The Government may determine that a proposal is unacceptable if the prices proposed are materially unbalanced between line items or subline items. Unbalanced pricing exists when, despite an acceptable total evaluated price, the price of one or more contract line items is significantly overstated or understated as indicated by the application of cost or price analysis techniques. A proposal may be rejected if the Contracting Officer determines that the lack of balance poses an unacceptable risk to the Government.

(9) If a cost realism analysis is performed, cost realism may be considered by the source selection authority in evaluating performance or schedule risk.

(10) A written award or acceptance of proposal mailed or otherwise furnished to the successful offeror within the time specified in the proposal shall result in a binding contract without further action by either party.

(11) If a post-award debriefing is given to requesting offerors, the Government shall disclose the following information, if applicable:

(i) The agency's evaluation of the significant weak or deficient factors in the debriefed offeror's offer.

(ii) The overall evaluated cost or price and technical rating of the successful and debriefed offeror and past performance information on the debriefed offeror.

(iii) The overall ranking of all offerors, when any ranking was developed by the agency during source selection;

(iv) A summary of the rationale for award.

(v) For acquisitions of commercial items, the make and model of the item to be delivered by the successful offeror.

(vi) Reasonable responses to relevant questions posed by the debriefed offeror as to whether source-selection procedures set forth in the solicitation, applicable regulations, and other applicable authorities were followed by the agency.
(End of Provision)

b. **Alternate I** *(October 1997). As prescribed in 15.209(a)(1), substitute the following paragraph (f)(4) for paragraph (f)(4) of the basic provision:*
(f) (4) The Government intends to evaluate proposals and award a contract after conducting discussions with offerors whose proposals have been determined to be within the Order of Merit Ranking. Communications will be held with offerors whose proposals are the most highly rated. All aspects of the proposal are subject to discussion, including cost, technical approach, and contractual terms and conditions. Therefore, the offeror's initial proposal should contain the offeror's best terms from a price and technical standpoint.

c. **NAICS CODE AND SIZE STANDARD**
Note: The following information is to be used by the offeror in preparing its Representations and Certifications (See Section K of this RFP), specifically in completing the provision entitled, SMALL BUSINESS PROGRAM REPRESENTATION, FAR Clause 52.219-1.

1. The North American Industry Classification System (NAICS) code for this acquisition is 541710.
2. The small business size standard is 500 employees.

THIS REQUIREMENT IS NOT SET-ASIDE FOR SMALL BUSINESS. However, the Federal Acquisition Regulation (FAR) requires in every solicitation, (except for foreign acquisitions) the inclusion of the North American Industry Classification System (NAICS) Code and corresponding size standard which best describes the nature of the requirement in the solicitation.

d. **TYPE OF CONTRACT AND NUMBER OF AWARDS**

It is anticipated that multiple award(s) will be made from this solicitation and that the award(s) will be made on or about September 30, 2008.

It is anticipated that the award(s) from this solicitation will be multiple-year, cost-reimbursement, completion type contract(s).

For Part A, contracts will be awarded for a Base Period of three years plus one Option for one additional year, for a maximum period of performance (including the Option) of four years.

For Part B, contracts will be awarded for a Base Period of three years plus two, two-year Part B Options, for a maximum period of performance (including all Part B Options) of seven years. It is anticipated that the total cost for each award may vary depending on the scope and capacity of the technical objectives of the award

Incremental funding will be used (See Section L.2.c. Business Proposal Instructions).

.

e. **ESTIMATE OF EFFORT**

It is expected that cost-reimbursement, completion type contract(s) will be awarded as a result of this BAA. To assist you in the preparation of your proposal, the Government considers the effort to be as stated below. This information is furnished for the offeror's information only and is not to be considered restrictive for proposal purposes.

BASE PERIOD(S): An Estimate of Effort (completion type contracts) will be provided to offerors for proposal preparation purposes.

For PART A: The Government considers the effort to be approximately 13.85 full time equivalents (FTEs) per annum, for the base period of the contract (3 years).

For PART B: The Government considers the effort to be approximately 13.85 full time equivalents (FTEs) per annum, for the base period of the contract (3 years).

OPTION PERIOD(S): In addition, an Estimate of Effort (completion type contracts) will be provided to offerors for proposal preparation purposes for each Option.

For PART A OPTION: The Government considers the effort to be approximately 3.5 full time equivalents (FTEs) per annum for 1 year.

For PART B, OPTION 1: The Government considers the effort to be approximately 3.7 full time equivalents (FTEs) per annum for 2 years.

For PART B, OPTION 2: The Government considers the effort to be approximately 9.45 full time equivalents (FTEs) per annum for 2 years.

f. **COMMITMENT OF PUBLIC FUNDS**

The Contracting Officer is the only individual who can legally commit the Government to the expenditure of public funds in connection with the proposed procurement. Any other commitment, either explicit or implied, is invalid.

g. **COMMUNICATIONS PRIOR TO CONTRACT AWARD**

Offerors shall direct all communications to the attention of the Contract Specialist or Contracting Officer cited on the face page of this RFP. Communications with other officials may compromise the competitiveness of this acquisition and result in cancellation of the requirement.

h. **RELEASE OF INFORMATION**

Contract selection and award information will be disclosed to offerors in accordance with regulations applicable to negotiated acquisition. Prompt written notice will be given to unsuccessful offerors as they are eliminated from the competition, and to all offerors following award.

i. **COMPARATIVE IMPORTANCE OF PROPOSALS**

You are advised that paramount consideration shall be given to the evaluation of technical proposals. All evaluation factors other than cost or price, when combined, are significantly more important than cost or price. The relative importance of the evaluation factors is specified in SECTION M of this solicitation. However, the Government reserves the right to make an award to the best advantage of the Government, cost and other factors considered.

j. **PREPARATION COSTS**

This RFP does not commit the Government to pay for the preparation and submission of a proposal.

k. **SERVICE OF PROTEST** (SEPTEMBER 2006) - FAR 52.233-2

(a) Protests, as defined in section 33.101 of the Federal Acquisition Regulation, that are filed directly with an agency, and copies of any protests that are filed with the Government Accountability Office (GAO), shall be served on the Contracting Officer (addressed as follows) by obtaining written and dated acknowledgment of receipt from:

Contracting Officer
Office of Acquisitions
National Institute of Allergy and Infectious Diseases
6700-B Rockledge Drive, Room 3214 MSC 7612
BETHESDA MD 20892- 7612

(b) The copy of any protest shall be received in the office designated above within one day of filing a protest with the GAO.

(End of Provision)

l. ***LATE PROPOSALS AND REVISIONS****, HHSAR 352.215-70 (January 2006)*

Notwithstanding the procedures contained in FAR 52.215-1(c)(3) of the provision of this solicitation entitled Instructions to Offerors-Competitive Acquisition, a proposal received after the date specified for receipt may be considered if it appears to offer the best value to the Government; and it was received before proposals were distributed for evaluation, or within five calendar days after the exact time specified for receipt, whichever is earlier.

(End of provision)

2. INSTRUCTIONS TO OFFERORS

a. GENERAL INSTRUCTIONS

INTRODUCTION

The following instructions will establish the acceptable minimum requirements for the format and contents of proposals. Special attention is directed to the requirements for technical and business proposals to be submitted in accordance with these instructions.

1. **Contract Type and General Clauses**

   It is contemplated that multiple cost-reimbursement completion type contract(s) will be awarded. (See General Information) Any resultant contract(s) shall include the clauses applicable to the selected offeror's organization and type of contract awarded as required by Public Law, Executive Order, or acquisition regulations in effect at the time of execution of the proposed contract(s).

2. **Authorized Official and Submission of Proposal**

   The proposal must be signed by an official authorized to bind your organization and must stipulate that it is predicated upon all the terms and conditions of this RFP. Your proposal shall be submitted in the number of copies, to the addressees, and marked as indicated in the Attachment entitled, PACKAGING AND DELIVERY OF PROPOSAL, Part III, Section J hereof. Proposals will be typewritten, paginated, reproduced on letter size paper and will be legible in all required copies. To expedite the proposal evaluation, all documents required for responding to the RFP should be placed in the following order:

   I. COVER PAGE

      Include RFP title, number, name of organization, DUNS No., identification of the proposal part, and indicate whether the proposal is an original or a copy.

   II. TECHNICAL PROPOSAL

      It is recommended that the technical proposal consist of a cover page, a table of contents, and the information requested in the Technical Proposal Instructions and as specified in SECTION J, List of Attachments.

   III. BUSINESS PROPOSAL

      It is recommended that the business proposal consist of a cover page, a table of contents, and the information requested in the Business Proposal Instructions and as specified in SECTION J, List of Attachments.

3. **Proposal Summary and Data Record (NIH-2043)**

   The Offeror must complete the Form NIH-2043, attached, with particular attention to the length of time the proposal is firm and the designation of those personnel authorized to conduct negotiations. (See SECTION J, Attachment entitled, PROPOSAL SUMMARY AND DATA RECORD).

4. **Separation of Technical and Business Proposals**

   The proposal must be prepared in two parts: a "Technical Proposal" and a "Business Proposal." Each of the parts shall be separate and complete in itself so that evaluation of one may be accomplished independently of, and concurrently with, evaluation of the other. The technical proposal must include direct cost and resources information, such as labor-hours and categories and applicable rates, materials, subcontracts, travel, etc., and associated costs so that the offeror's understanding of the project may be evaluated (See SECTION J, Attachment entitled, TECHNICAL PROPOSAL COST SUMMARY.) However, the technical proposal should not include pricing data relating to individual salary information, indirect cost rates or amounts, fee amounts (if any), and total costs. The technical

proposal should disclose your technical approach in as much detail as possible, including, but not limited to, the requirements of the technical proposal instructions.

5. **Alternate Proposals**
   You may, at your discretion, submit alternate proposals, or proposals which deviate from the requirements; provided, that you also submit a proposal for performance of the work as specified in the statement of work. Such proposals may be considered if overall performance would be improved or not compromised and if they are in the best interests of the Government. Alternative proposals, or deviations from any requirements of this RFP, shall be clearly identified.

6. **Evaluation of Proposals**
   The Government will evaluate technical proposals in accordance with the criteria set forth in PART IV, SECTION M of this RFP.

7. **Use of the Metric System of Measurement**
   It is the policy of the Department of Health and Human Services to support the Federal transition to the metric system and to use the metric system of measurement in all procurements, grants, and other business related activities unless such use is impracticable or is likely to cause significant inefficiencies.
   The offeror is encouraged to prepare their proposal using either "Hard Metric," "Soft Metric," or "Dual Systems" of measurement. The following definitions are provided for your information:
   Hard Metric - - The replacement of a standard inch-pound size with an accepted metric size for a particular purpose. An example of size substitution might be: selling or packaging liquids by the liter instead of by the pint or quart (as for soft drinks), or instead of by the gallon (as for gasoline).
   Soft Metric - The result of a mathematical conversion of inch-pound measurements to metric equivalents for a particular purpose. The physical characteristics are not changed.
   Dual Systems - The use of both inch-pound and metric systems. For example, an item is designed, produced, and described in inch-pound values with soft metric values also shown for information or comparison purposes.

8. **Standards for Privacy of Individually Identifiable Health Information**
   The Department of Health and Human Services (DHHS) issued final modifications to the "Standards for Privacy of Individually Identifiable Health Information," the "Privacy Rule," on August 14, 2002. The Privacy Rule is a federal regulation under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 that governs the protection of individually identifiable health information and is administered and enforced by the DHHS Office for Civil Rights (OCR). Those who must comply with the Privacy Rule (classified under the Rule as "covered entities" must do so by April 14, 2003 (with the exception of small health plans which have an extra year to comply.
   Decisions about the applicability and implementation of the Privacy Rule reside with the contractor and his/her institution. The OCR Web site (http://www.hhs.gov/ocr/) provides information of the Privacy Rule, including a complete Regulation Text and a set of decision tools on "Am I a covered entity?" Information on the impact of the HIPAA Privacy Rule on NIH processes involving the review, award, and administration of grants, cooperative agreements and contracts can be found at: http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-03-025.html.

9. **Specific Copyright Provisions Applicable to Software Development and/or Enhancement(s)**
   Under the provisions of the Rights in Data General clause (52.227-14), contractors must seek permission to establish a copyright for software and associated data generated under a contract. As a general rule, permission is normally granted provided, a paid-up, world-wide, irrevocable, nonexclusive license to the government is provided. This is to advise offerors that for this project, the government intends to assert additional copyright permissions under this contract. The scope of the Government's interest in the copyright will be determined during negotiations.

10. **Privacy Act - Treatment of Proposal Information**

The Privacy Act of 1974 (P.L. 93-579) requires that a Federal agency advise each individual whom it asks to supply information, the authority which authorizes the solicitation, whether disclosure is voluntary or mandatory, the principal purpose or purposes for which the information is intended to be used, the uses outside the agency which may be made of the information, and the effects on the individual, if any, of not providing all or any part of the requested information.

The NIH is requesting the information called for in this RFP pursuant to the authority provided by Sec. 301(a)(7) of the Public Health Service Act, as amended, and P.L. 92-218, as amended.

Providing the information requested is entirely voluntary. The collection of this information is for the purpose of conducting an accurate, fair, and adequate review prior to a discussion as to whether to award a contract.

Failure to provide any or all of the requested information may result in a less than adequate review.

In addition, the Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number.

Provision of the social security number is voluntary. Social security numbers are requested for the purpose of accurate and efficient identification, referral, review and management of NIH contracting programs. Authority for requesting this information is provided by Section 301 and Title IV of the PHS Act, as amended.

The information provided by you may be routinely disclosed for the following purposes:

- to the cognizant audit agency and the General Accounting Office for auditing.
- to the Department of Justice as required for litigation.
- to respond to congressional inquiries.
- to qualified experts, not within the definition of Department employees, for opinions as a part of the review process.

11. **Selection of Offerors**

a. The acceptability of the scientific and technical portion of each research contract proposal will be evaluated by a technical review committee. The committee will evaluate each proposal in strict conformity with the evaluation criteria of the RFP, utilizing point scores and written critiques. The committee may suggest that the Contracting Officer request clarifying information from an offeror.

b. The business portion of each contract proposal will be subjected to a cost and price analysis, management analysis, etc.

c. If award will be made without conducting discussions, offerors may be given the opportunity to clarify certain aspects of their proposal (e.g., the relevance of an offeror's past performance information and adverse past performance information to which the offeror has not previously had an opportunity to respond) or to resolve minor or clerical errors.

d. If the Government intends to conduct discussions prior to awarding a contract -

1. Based on the written recommendations of the technical review committee/peer review group/source evaluation panel, the Contracting Officer will, in concert with Program Staff, establish an Order of Merit Ranking. This ranking will be based upon the scientific/technical merit, scientific priority, programmatic balance, and the availability of funds.

2. Communications will be held with offerors whose proposals are the most highly rated. All aspects of the proposal are subject to discussion, including cost, technical approach, and contractual terms and conditions. At the conclusion of discussion, each offeror still being considered for award shall be given an opportunity to submit a written Final Proposal

Revision (FPR) with the reservation of the right to conduct limited negotiations to flnalize details of the award with the selected source(s) in accordance with HHSAR 315.370.

e. The process described in FAR 15.101-1 will be employed, which permits the Government to make tradeoffs among cost or price and non-cost factors and to consider award to other than the lowest price offeror or other than the highest technically rated offeror. This process will take into consideration the results of the technical evaluation, the past performance evaluation (if applicable) and the cost analysis.

f. The NIAID reserves the right to make a single award, multiple awards, or no award at all to the RFP. In addition, the RFP may be amended or canceled as necessary to meet NIAID requirements. Synopses of awards exceeding $25,000 will be published in FedBizOpps.

12. **Institutional Responsibility Regarding Conflicting Interests of Investigators**

- **EACH INSTITUTION MUST:**

a. Maintain an appropriate written, enforced policy on conflict of interest that complies with 42 CFR Part 50 Subpart F and/or 45 CFR Part 94 as appropriate and inform each investigator of the Institution's policy, the Investigator's reporting responsibilities, and the applicable regulations. If the Institution carries out the NIH funded research through subgrantees, contractors or collaborators, the Institution must take reasonable steps to ensure that Investigators working for such entities comply with the regulations, either by requiring those investigators to comply with the Institution's policy or by requiring the entities to provide assurances to the Institution that will enable the Institution to comply with the regulations.

b. Designate an Institutional official(s) to solicit and review financial disclosure statements from each Investigator who is planning to participate in NIH-funded research.

c. Require that by the time an application/proposal is submitted to the NIH each investigator who is planning to participate in the NIH-funded research has submitted to the designated official(s) a listing of his/her known Significant Financial Interests (and those of his/her spouse and dependent children): (i) that would reasonably appear to be affected by the research for which the NIH funding is sought; and (ii) in entities whose financial interests would reasonably appear to be affected by the research. All financial disclosures must be updated during the period of the award, either on an annual basis or as new reportable Significant Financial Interests are obtained.

d. Provide guidelines consistent with the regulations for the designated official(s) to identify conflicting interests and take such actions as necessary to ensure that such conflicting interests will be managed, reduced, or eliminated.

e. Maintain records, identifiable to each award, of all financial disclosures and all actions taken by the institution with respect to each conflicting interest for: (1) in the case of grants, at least three years from the date of submission of the final expenditures report or, where applicable, from other dates specified in 45 CFR Part 74.53(b) and (2) in the case of contracts, 3 years after final payment or, where applicable, for the other time period specified in 48 CFR Part 4 Subpart 4.7, Contract Records Retention.

f. Establish adequate enforcement mechanisms and provide for sanctions where appropriate.

g. Certify, in each application/proposal for funding to which the regulations applies, that:

1. there is in effect at the Institution a written and enforced administrative process to identify and manage, reduce or eliminate conflicting interests with respect to all research projects for which funding is sought from the NIH;

2. prior to the Institution's expenditure of any funds under the award, the Institution will report to the awarding component the existence of a conflicting interest (but not the nature of the interest or other details) found by the Institution and assure that the interest has been managed, reduced or eliminated in accord with the regulations; and for any interest that the Institution identifies as conflicting subsequent to the expenditure of funds after award, the report will be made and the conflicting interest managed, reduced, or eliminated, at least on a temporary basis within sixty days of that identification;

3. the Institution agrees to make information available, upon request, to the awarding component regarding all conflicting interests identified by the Institution and how those interested have been managed, reduced, or eliminated to protect the research from bias; and

4. the Institution will otherwise comply with the regulations.

- **Institutional Management of Conflicting Interests**

a. The designated official(s) must: (1) review all financial disclosures; and (2) determine whether conflict of interest exists, and if so, determine what actions should be taken by the Institution to manage, reduce or eliminate such conflict of interest. **A conflict of interest exists when the designated official(s) reasonably determines that a Significant Financial Interest could directly and significantly affect the design, conduct, or reporting of the NIH-funded research.**
Examples of conditions or restrictions that might be imposed to manage actual or potential conflicts of interests include, but are not limited to:

i. public disclosure of significant financial interests;

ii. monitoring of research by independent reviewers;

iii. modification of the research plan;

iv. disqualification of the Investigator(s) from participation in all or a portion of the research funded by the awarding component;

v. divestiture of significant financial interests; or

vi. severance of relationships that create actual or potential conflicts of interests.

b. An Institution may require the management of other conflicting financial interests in addition to those described in paragraph (a) of this section, as the Institution deems appropriate.

13. **Prohibition on Contractor Involvement with Terrorist Activities**
The contractor acknowledges that U.S. Executive Orders and Laws, including but not limited to E.O. 13224 and P.L. 107-56, prohibit transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor to ensure compliance with these Executive Orders and Laws. This clause must be included in all subcontracts issued under this contract.

14. ***Solicitation Provisions Incorporated by Reference, FAR 52.252-1 (February 1998)***
This Solicitation incorporates one or more solicitation provisions by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. The offeror is cautioned that the listed provisions may include blocks that must be completed by the offeror and submitted with its quotation or offer. In lieu of submitting the full text provisions, the offeror may identify the provision by paragraph identifier and provide the appropriate

information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this address: http://www.acquisition.gov/far/index.html.
FEDERAL ACQUISITION REGULATION (48 CFR CHAPTER 1):

a. *Data Universal Numbering System (DUNS) Number, FAR Clause 52.204-6 (October 2003).*

b. *Submission of Offers in the English Language, FAR Clause 52.214-34, (April 1991).*

c. *Submission of Offers in U.S. Currency, FAR Clause 52.214-35, (April 1991).*

d. *Facilities Capital Cost of Money, FAR Clause 52.215-16, (October 1997).*

e. *Order of Precedence-Uniform Contract Format, FAR Clause 52.215-8, (October 1997).*

f. *Preaward On-Site Equal Opportunity Compliance Evaluation, (Over $10,000,000), FAR Clause 52.222-24, (February 1999).*

b. **TECHNICAL PROPOSAL INSTRUCTIONS**

A detailed work plan must be submitted indicating how each aspect of the statement of work is to be accomplished. Your technical approach should be in as much detail as you consider necessary to fully explain your proposed technical approach or method. The technical proposal should reflect a clear understanding of the nature of the work being undertaken. The technical proposal must include information on how the project is to be organized, staffed, and managed. Information should be provided which will demonstrate your understanding and management of important events or tasks. **[See, also, ATTACHMENT 8 - PART A - Additional Technical Proposal Instructions, and ATTACHMENT 12 - PART B - Additional Technical Proposal Instructions, of this solicitation.]**

1. **Technical Discussions**

The technical discussion included in the technical proposal should respond to the items set forth below:

a. **Project Objectives, NIH-1688-1**

The offeror shall insert a completed NIH Form 1688-1, Project Objective, as provided in Section J, Attachments, behind the Title Page of each copy of the proposal, along with the "Government Notice for Handling Proposals." The NIH Form 1688-1 is to be completed as follows:

- For an **Institution of Higher Education**: The form MUST be completed in its entirety.
- For **OTHER** than an Institution of Higher Education: The starred items (Department, Service, Laboratory or Equivalent, and Major Subdivision) should be left blank.

  The information required under the "Summary of Objectives" portion of the form MUST meet the requirements set forth in the section of the form entitled, " **INSTRUCTIONS** :"

b. **Research and Technical Objectives and Statement of Work**

1. Objectives

   Offerors are required to provide a Statement of Work in accordance with ATTACHMENT 5 entitled "PART A - Research and Technical Objectives" and ATTACHMENT 9 entitled "PART B - Research and Technical Objectives."
   State the overall objectives and the specific accomplishments you hope to achieve. Indicate the rationale for your plan, and relation to comparable work in progress elsewhere. Review pertinent work already published which is relevant to this project and your proposed approach. This should support the scope of the project as you perceive it.

2. Approach

   Use as many subparagraphs, appropriately titled, as needed to clearly outline the general plan of work. Discuss phasing of research and, if appropriate, include experimental design and possible or probable outcome of approaches proposed.

3. Methods

   Describe in detail the methodologies you will use for the project, indicating your level of experience with each, areas of anticipated difficulties, and any unusual expenses you anticipate.

4. Schedule

   Provide a schedule for completion of the work and delivery of items specified in the statement of work. Performance or delivery schedules shall be indicated for

phases or segments, as applicable, as well as for the overall program. Schedules shall be shown in terms of calendar months from the date of authorization to proceed or, where applicable, from the date of a stated event, as for example, receipt of a required approval by the Contracting Officer. Unless the request for proposal indicates that the stipulated schedules are mandatory, they shall be treated as desired or recommended schedules. In this event, proposals based upon the offeror's best alternative schedule, involving no overtime, extra shift or other premium, will be accepted for consideration.

c. **Personnel**

Describe the experience and qualifications of personnel who will be assigned for direct work on this program. Information is required which will show the composition of the task or work group, its general qualifications, and recent experience with similar equipment or programs. Special mention shall be made of direct technical supervisors and key technical personnel, and the approximate percentage of the total time each will be available for this program

OFFERORS SHOULD ASSURE THAT THE PRINCIPAL INVESTIGATOR, AND ALL OTHER PERSONNEL PROPOSED, SHALL NOT BE COMMITTED ON FEDERAL GRANTS AND CONTRACTS FOR MORE THAN A TOTAL OF 100% OF THEIR TIME. IF THE SITUATION ARISES WHERE IT IS DETERMINED THAT A PROPOSED EMPLOYEE IS COMMITTED FOR MORE THAN 100% OF HIS OR HER TIME, THE GOVERNMENT WILL REQUIRE ACTION ON THE PART OF THE OFFEROR TO CORRECT THE TIME COMMITMENT.

1. Single Principal Investigator/Project Director

   List the name of the Principal Investigator/Project Director responsible for overall implementation of the contract and key contact for technical aspects of the project. Even though there may be co-investigators, identify the Principal Investigator/Project Director who will be responsible for the overall implementation of any awarded contract. Discuss the qualifications, experience, and accomplishments of the Principal Investigator/Project Director. State the estimated time to be spent on the project, his/her proposed duties, and the areas or phases for which he/she will be responsible.

2. Other Investigators

   List all other investigators/professional personnel who will be participating in the project. Discuss the qualifications, experience, and accomplishments. State the estimated time each will spend on the project, proposed duties on the project, and the areas or phases for which each will be responsible.

3. Additional Personnel

   List names, titles, and proposed duties of additional personnel, if any, who will be required for full-time employment, or on a subcontract or consultant basis. The technical areas, character, and extent of subcontract or consultant activity will be indicated and the anticipated sources will be specified and qualified. For all proposed personnel who are not currently members of the offeror's staff, a letter of commitment or other evidence of availability is required. A resume does not meet this requirement. Commitment letters for use of consultants and other personnel to be hired must include:

   - The specific items or expertise they will provide.
   - Their availability to the project and the amount of time anticipated.

- Willingness to act as a consultant.
- How rights to publications and patents will be handled.

4. Resumes
   Resumes of all key personnel are required. Each must indicate educational background, recent experience, specific or technical accomplishments, and a listing of relevant publications.

2. **Technical Evaluation**
   Proposals for both PART A and PART B will be technically evaluated in accordance with the factors, weights, and order of relative importance as described in SECTION M - Evaluation Factors for Award of this solicitation for each PART.

3. **Additional Technical Proposal Information**

   a. Proposals which merely offer to conduct a program in accordance with the requirements of the Government's scope of work will not be eligible for award. The offeror must submit an explanation of the proposed technical approach in conjunction with the tasks to be performed in achieving the project objectives.

   b. The technical evaluation is conducted in accordance with the weighted technical evaluation criteria by an initial review panel. This evaluation produces a numerical score (points) which is based upon the information contained in the offeror's proposal only.

   c. Refer to the ATTACHMENTS 8 and 12 to this solicitation entitled "PART A - Additional Technical Proposal Instructions" and "PART B - Additional Technical Proposal Instructions, respectively, when preparing your proposal.

4. **Other Considerations**
   Record and discuss specific factors not included elsewhere which support your proposal. Using specifically titled subparagraphs, items may include:

   a. Any agreements and/or arrangements with subcontractor(s). Provide as much detail as necessary to explain how the statement of work will be accomplished within this working relationship.

   b. Unique arrangements, equipment, etc., which none or very few organizations are likely to have which is advantageous for effective implementation of this project.

   c. Equipment and unusual operating procedures established to protect personnel from hazards associated with this project.

   d. Other factors you feel are important and support your proposed research.

   e. Recommendations for changing reporting requirements if such changes would be more compatible with the offeror's proposed schedules.

IMPORTANT NOTE TO OFFERORS: The following 11 paragraphs (5) through (15) shall be addressed, as applicable, in a SEPARATE SECTION of the Technical Proposal entitled, "HUMAN SUBJECTS."

5. ***Human Subjects***
   The following notice is applicable when contract performance is expected to involve risk to human subjects: ***Notice to Offerors of Requirements of 45 CFR Part 46, Protection of Human Subjects, HHSAR 352.270-8(a) (January 2006)***

(a) Copies of the Department of Health and Human Services (HHS) regulations for the protection of human subjects, 45 CFR Part 46, are available from the Office for Human Research Protections (OHRP), Bethesda, Maryland 20892. The regulations provide a systematic means, based on established ethical principles, to safeguard the rights and welfare of individuals who participate as subjects in research activities supported or conducted by the HHS.

(b) The regulations define a human subject as a living individual about whom an investigator (whether professional or student) conducting research obtains data through intervention or interaction with the individual, or identifiable private information. The regulations extend to the use of human organs, tissue, and body fluids from individually identifiable human subjects as well as to graphic, written, or recorded information derived from individually identifiable human subjects. The use of autopsy materials is governed by applicable State and local law and is not directly regulated by 45 CFR Part 46.

(c) Activities in which the only involvement of human subjects will be in one or more of the categories set forth in 45 CFR 46.101(b)(1 6) are exempt from coverage.

(d) Inappropriate designations of the noninvolvement of human subjects or of exempt categories of research in a project may result in delays in the review of a proposal. The OPDIV will make a final determination of whether the proposed activities are covered by the regulations or are in an exempt category, based on the information provided in the proposal. In doubtful cases, prior consultation with OHRP, (telephone: 301-496-7014), is recommended.

(e) In accordance with 45 CFR Part 46, prospective Contractors being considered for award shall be required to file with OHRP an acceptable Assurance of Compliance with the regulations, specifying review procedures and assigning responsibilities for the protection of human subjects. The initial and continuing review of a research project by an institutional review board shall assure that the rights and welfare of the human subjects involved are adequately protected, that the risks to the subjects are reasonable in relation to the potential benefits, if any, to the subjects and the importance of the knowledge to be gained, and that informed consent will be obtained by methods that are adequate and appropriate. The contracting officer will direct the offeror/contractor to the OHRP IRB Registration and Assurance Filing website, found at http://www.hhs.gov/ohrp/ or to the physical address if the offeror/contractor cannot access the Internet. HHS regulations for the protection of human subjects (45 CFR Part 46), information regarding OHRP registration and assurance requirements/processes, and OHRP contact information can be accessed at the OHRP Web site:
http://www.hhs.gov/ohrp/.

(f) It is recommended that OHRP be consulted for advice or guidance concerning either regulatory requirements or ethical issues pertaining to research involving human subjects."
(End of provision)

6. **Instructions to Offerors Regarding Protection of Human Subjects**
   Offerors must address the following human subjects protections issues if this contract will be for research involving human subjects (note: under each of the following points below, the offeror should indicate whether the information provided relates to the primary research site, or to a collaborating performance site(s), or to all sites:

   a. Risks to the subjects

      - Human Subjects Involvement and Characteristics:

        - Describe the proposed involvement of human subjects in response to the solicitation.

- Describe the characteristics of the subject population, including their anticipated number, age range, and health status.
- Identify the criteria for inclusion or exclusion of any subpopulation. Explain the rationale for the involvement of special classes of subjects, such as fetuses, pregnant women, children, prisoners, institutionalized individuals, or others who are likely to be vulnerable populations.

- Sources of Materials:
  - Identify the sources of research material obtained from individually identifiable living human subjects in the form of specimens, records, or data. Indicate whether the material or data will be obtained specifically for research purposes or whether use will be made of existing specimens, records, or data.
- Potential Risks:
  - Describe the potential risks to subjects (physical, psychological, social, legal, or other) and assess their likelihood and seriousness to the subjects.
  - Describe alternative treatments and procedures, including the risks and benefits of the alternative treatments and procedures, to participants in the proposed research, where appropriate.

b. Adequacy of Protection Against Risks

- Recruitment and Informed Consent:
  - Describe plans for the recruitment of subjects and the procedures for obtaining informed consent. Include a description of the circumstances under which consent will be sought and obtained, who will seek it, the nature of the information to be provided to prospective subjects, and the method of documenting consent. The informed consent document for the contractor and any collaborating sites should be submitted only if requested elsewhere in the solicitation. Be aware that an IRB-approved informed consent document for the contractor and any participating collaborative sites must be provided to the Government prior to patient accrual or participant enrollment.
- Protection Against Risk:
  - Describe the procedures for protecting against or minimizing potential risks, including risks to confidentiality, and assess their likely effectiveness.
  - Discuss provisions for ensuring necessary medical or professional intervention in the event of adverse effects to the subjects where appropriate.
  - In studies that involve interventions, describe the provisions for data and safety monitoring of the research to ensure the safety of subjects.

c. Potential Benefits of the Proposed Research to the Subjects and Others

- Discuss the potential benefits of the research to the subjects and others.
- Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and others.
- Describe treatments and procedures that are alternatives to those provided to the participants by the proposed research, where appropriate.

d. Importance of the Knowledge to be Gained

- Discuss the importance of the knowledge gained or to be gained as a result of the proposed research.
- Discuss why the risks to subjects are reasonable in relation to the importance of the knowledge that may reasonably be expected to result.

  Note: If a test article (investigational new drug, device, or biologic) is involved, name the test article and state whether the 30-day interval between submission of offeror's certification to the Food and Drug Administration (FDA) and its response has elapsed or has been waived and/or whether the FDA has withheld or restricted use of the test article.

  Collaborating Site(s)

  When research involving human subjects will take place at collaborating site(s) or other performance site(s), the offeror must provide in this section of its proposal a list of the collaborating sites and their assurance numbers. Further, if you are awarded a contract, you must obtain in writing, and keep on file, an assurance from each site that the previous points have been adequately addressed at a level of attention that is at least as high as that documented at your organization. Site(s) added after an award is made must also adhere to the above requirements.

7. **Required Education in the Protection of Human Research Participants**

NIH policy requires education on the protection of human subject participants for all investigators submitting NIH proposals for contracts for research involving human subjects. This policy announcement is found in the NIH Guide for Grants and Contracts Announcement dated June 5, 2000 at the following website: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-039.html. Offerors should review the policy announcement prior to submission of their offers. The following is a summary of the Policy Announcement:

For any solicitation for research involving human subjects, the offeror shall provide in its technical proposal the following information: (1) a list of the names of the principal investigator and any other individuals proposed under the contract who are responsible for the design and/or conduct of the research; (2) the title of the education program completed (or to be completed prior to the award of the contract) for each named personnel; (3) a one sentence description of the program(s) listed in (2) above. This requirement extends to investigators and all individuals responsible for the design and/or conduct of the research who are working as subcontractors or consultants under the contract.

Curricula that are readily available and meet the educational requirement include the NIH on-line tutorial, titled "Protection of Human Research Subjects: Computer-Based Training for Researchers," available at http://ohsr.od.nih.gov/cbt/. You may download the information at this site at no cost and modify it, if desired. The University of Rochester has made its training program available for individual investigators. Completion of this program will also satisfy the educational requirement. The University of Rochester manual can be obtained through Centerwatch, Inc. at http://www.centerwatch.com/order/pubs_profs_protect.html.

In addition, the NCI sponsors an online training course at: http://cme.cancer.gov/clinicaltrials/learning/humanparticipant-protections.asp

If an institution already has developed educational programs on the protection of research participants, completion of these programs also will satisfy the educational requirement.

In addition, prior to the substitution of the principal investigator or any other individuals responsible for the design and/or conduct of the research under the contract, the contractor shall provide the contracting officer with the title of the education program and a one sentence description of the program that the replacement has completed.

8. **Inclusion of Women and Minorities in Research Involving Human Subjects**

It is NIH policy that women and members of minority groups and their sub-populations must be included in all NIH-supported clinical research projects involving human subjects, unless a clear and

compelling rationale and justification establishes to the satisfaction of the relevant Institute/Center Director that inclusion is inappropriate with respect to the health of the subjects or the purpose of the research. The Director, NIH, may determine that exclusion under other circumstances is acceptable, upon the recommendation of an Institute/Center Director, based on a compelling rationale and justification. Cost is not an acceptable reason for exclusion except when the study would duplicate data from other sources. Women of childbearing potential should not be routinely excluded from participation in clinical research. This policy results from the NIH Revitalization Act of 1993 (Section 492B of Public Law 103-43), **and applies to research subjects of all ages.**

All investigators proposing research involving human subjects should read the UPDATED "NIH Policy and Guidelines on the Inclusion of Women and Minorities as Subjects in Clinical Research, Amended October 2001," published in the NIH Guide for Grants and Contracts on October 9, 2001 at the following web site:
http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm

These guidelines contain a definition of **clinical research** adopted in June 2001, as: "(1) Patient-oriented research. Research conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes (a) mechanisms of human disease, (b) therapeutic interventions, (c) clinical trials, and (d) development of new technologies; (2) Epidemiologic and behavioral studies; and (3) Outcomes research and health services research," at:
(http://www.nih.gov/news/crp/97report/execsum.htm).

Information Required for ALL Clinical Research Proposals

This solicitation contains a review criterion addressing the adequacy of: (1) the offeror's plans for inclusion of women and minorities in the research proposed; or (2) the offeror's justification(s) for exclusion of one or both groups from the research proposed.

Provide information on the composition of the proposed study population in terms of sex/gender and racial/ethnic groups and provide a rationale for selection of such subjects in response to the requirements of the solicitation. The description may include (but is not limited to) information on the population characteristics of the disease or condition being studied in the planned research, and/or described in the statement of work, national and local demography, knowledge of the racial/ethnic/cultural characteristics of the population, prior experience and collaborations in recruitment and retention of the populations and subpopulations to be studied, and the plans, arrangements and letters of commitment from relevant community groups and organizations for the planned research.

The proposal must include the following information:

- A description of the subject selection criteria
- The proposed dates of enrollment (beginning and end)
- A description of the proposed outreach programs for recruiting women and minorities as subjects
- A compelling rationale for proposed exclusion of any sex/gender or racial/ethnic group
- The proposed sample composition using the "Targeted/Planned Enrollment Table"(see Section J, Attachments)

NOTE 1: *For all proposals, use the ethnic and racial categories and complete the "Targeted/Planned Enrollment Table in accordance with the Office of Management and Budget (OMB) Directive No. 15, which may be found at*: http://www.whitehouse.gov/OMB/fedreg/ombdir15.html .

NOTE 2: *If this is an Indefinite Delivery, Indefinite Quantity (IDIQ) or Requirements contract as defined in FAR 16.5, the proposal should describe in general terms how it will comply with each bulleted item above for each task order. When the Government issues a task order request for proposal, each of the bulleted information items must be fully and specifically addressed in the proposal.*

Standards for Collecting Data. When you, as a contractor, are planning data collection items on race and ethnicity, you shall use, at a minimum, the categories identified in OMB Directive No. 15. The collection of greater detail is encouraged. However, you should design any additional, more detailed items so that they can be aggregated into these required categories. Self-reporting or self-identification using two separate questions is the preferred method for collecting data on race and ethnicity. When you collect race and ethnicity separately, you must collect ethnicity first. You shall offer respondents the option of selecting one or more racial designations. When you collect data on race and ethnicity separately, you shall also make provisions to report the number of respondents in each racial category who are Hispanic or Latino. When you present aggregate data, you shall provide the number of respondents who selected only one category, for each of the five racial categories. If you collapse data on multiple responses, you shall make available, at a minimum, the total number of respondents reporting "more than one race." Federal agencies shall not present data on detailed categories if doing so would compromise data quality or confidentiality standards.

In addition to the above requirements, solicitations for **NIH defined Phase III clinical trials *** require that: a) all proposals and/or protocols provide a description of plans to conduct analyses, as appropriate, to detect significant differences in intervention effect by sex/gender, racial/ethnic groups, and relevant subpopulations, if applicable; and b) all contractors to report annually cumulative subject accrual, and progress in conducting analyses for sex/gender and race/ethnicity differences. (see NIH Guide:
http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm, Definitions - Significant Difference).
*The definition of an " **NIH-Defined Phase III clinical trial**" can also be found at this website.)
Offerors may obtain copies of the Updated Guidelines from the sources above or from the contact person listed in the solicitation.

Also, the proposal must include one of the following plans:

- Plans to conduct valid analysis to detect significant differences in intervention effect among sex/gender and/or racial/ethnic subgroups when prior studies strongly support these significant differences among subgroups,
  OR
- Plans to include and analyze sex/gender and/or racial/ethnic subgroups when prior studies strongly support no significant differences in intervention effect between subgroups,
  OR
- Plans to conduct valid analyses of the intervention effect in sex/gender and/or racial/ethnic subgroups (without requiring high statistical power for each subgroup) when the prior studies neither support nor negate significant differences in intervention effect between subgroups.

Use the form entitled, "Targeted/Planned Enrollment Table," when preparing your response to the solicitation requirements for inclusion of women and minorities. (See Section J-List of Documents, Exhibits and Other Attachments of the RFP)

Unless otherwise specified in this solicitation, the Government has determined that the work required by this solicitation does not involve a sex/gender specific study or a single or limited number of minority population groups. Therefore, the NIH believes that the inclusion of women and minority populations is appropriate for this project. (See Section M of this RFP for more information about evaluation factors for award.)

Use the form entitled, "Inclusion Enrollment Report," for reporting in the resultant contract.

9. **Inclusion of Children in Research Involving Human Subjects**

It is NIH policy that children (defined below) must be included in all human subjects research, including, but not limited to, clinical trials, conducted under a contract funded by the NIH, unless there are clear and compelling reasons not to include them. (See examples of Justifications for Exclusion of Children below). For the purposes of this policy, contracts involving human subjects include categories that would otherwise be exempt from the DHHS Policy for Protection of Human Research Subjects (sections 101(b) and 401(b) of 45 CFR 46), such as surveys, evaluation of educational interventions, and studies of existing data or specimens that should include children as participants. This policy applies to both domestic and foreign research contracts.

For purposes of this policy, a child is defined as an individual under the age of 21 years.

All offerors proposing research involving human subjects should read the "NIH Policy and Guidelines on the Inclusion of Children as Participants in Research Involving Human Subjects" which was published in the NIH Guide for Grants and Contracts on March 6, 1998 and is available at the following URL address:
http://www.nih.gov/grants/guide/notice-files/not98-024.html

Offerors also may obtain copies from the contact person listed in the RFP.

Inclusion of children as participants in research must be in compliance with all applicable subparts of 45 CFR 46 as well as other pertinent laws and regulations whether or not such research is otherwise exempted from 45 CFR 46. Therefore, any proposals must include a description of plans for including children, unless the offeror presents clear and convincing justification for an exclusion. The "Human Subjects" section of your technical proposal should provide either a description of the plans to include children and a rationale for selecting or excluding a specific age range of child, or an explanation of the reason(s) for excluding children as participants in the research. This solicitation contains a review criterion addressing the adequacy of: (1) the plans for including children as appropriate for the scientific goals of the research; and/or (2) the justification of exclusion of children or exclusion of a specific age range of children.

When children are included, the plan also must include a description of: (1) the expertise of the investigative team for dealing with children at the ages included; (2) the appropriateness of the available facilities to accommodate the children; and, (3) the inclusion of a sufficient number of children to contribute to a meaningful analysis relative to the purpose/objective of the solicitation.

Justifications for Exclusion of Children

It is expected that children will be included in all research involving human subjects unless one or more of the following exclusionary circumstances can be fully justified:

- The objective of the solicitation is not relevant to children.
    - There are laws or regulations barring the inclusion of children in the research to be conducted under the solicitation.
    - The knowledge being sought in the research is already available for children or will be obtained from another ongoing study, and an additional study will be redundant. You should provide documentation of other studies justifying the exclusion.
    - A separate, age-specific study in children is warranted and preferable. Examples include:

- The relative rarity of the condition in children, as compared with adults (in that extraordinary effort would be needed to include children); or
- The number of children is limited because the majority are already accessed by a nationwide pediatric disease research network; or
- Issues of study design preclude direct applicability of hypotheses and/or interventions to both adults and children (including different cognitive, developmental, or disease stages of different age-related metabolic processes); or
- Insufficient data are available in adults to judge potential risk in children (in which case one of the research objectives could be to obtain sufficient adult data to make this judgment). While children usually should not be the initial group to be involved in research studies, in some instances, the nature and seriousness of the illness may warrant their participation earlier based on careful risk and benefit analysis; or
- Study designs aimed at collecting additional data on pre-enrolled adult study subjects (e.g., longitudinal follow-up studies that did not include data on children);
- Other special cases justified by the offeror and found acceptable to the review group and the Institute Director

Definition of a Child

For the purpose of this solicitation, a child is defined as an individual under the age of 21 years.

The definition of child described above will pertain to this solicitation (notwithstanding the FDA definition of a child as an individual from infancy to 16 years of age, and varying definitions employed by some states). Generally, State laws define what constitutes a "child," and such definitions dictate whether or not a person can legally consent to participate in a research study. However, State laws vary, and many do not address when a child can consent to participate in research. Federal Regulations (45 CFR 46, subpart D, Sec.401-409) address DHHS protections for children who participate in research, and rely on State definitions of "child" for consent purposes. Consequently, the children included in this policy (persons under the age of 21) may differ in the age at which their own consent is required and sufficient to participate in research under State law. For example, some states consider a person age 18 to be an adult and therefore one who can provide consent without parental permission.

10. **Research Involving Prisoners as Subjects**

a. HHS Regulations at 45 CFR Part 46, Subpart C provide additional protections pertaining to biomedical and behavioral research involving prisoners or those individuals who, during the period of the contract become prisoners, as subjects. These regulations also set forth the duties of the Institutional Review Board (IRB) where prisoners are involved in the research. HHS funded research involving prisoners as subjects may not proceed until the Office for Human Research Protections (OHRP) issues approval, in writing, as required by 45 CFR 46.306(a)(2). In addition, OHRP Guidance on the Involvement of Prisoners in Research may be found at: http://www.hhs.gov/ohrp/humansubjects/guidance/prisoner.pdf.

b. HHS Waiver for Epidemiological Research Involving Prisoners as Subjects
On June 20, 2003 the Secretary of HHS waived the applicability of certain provisions of Subpart C of 45 CFR Part 46, (Additional DHHS Protections Pertaining to Biomedical and Behavioral

Research Involving Prisoners as Subjects) to specific types of epidemiological research involving prisoners as subjects.
The applicability of 45 CFR 46.305(a)(1) and 46.306(a)(2) for certain epidemiological research conducted or funded by DHHS is waived when:

1. The sole purposes are:
    a. to describe the prevalence or incidence of a disease by identifying all cases, or
    b. to study potential risk factor associations for a disease, and
2. The Institution responsible for the conduct of the research certifies to the OHRP that the Institutional Review Board (IRB) approved the research and fulfilled its duties under 45 CFR 46.305(a)(2 7) and determined and documented that:
    a. the research presents no more than minimal risk, and
    b. no more than inconvenience to the prisoner subjects, and
    c. prisoners are not a particular focus of the research.
    For more information about this Waiver see
    http://www.hhs.gov/ohrp/special/prisoners/Prisoner waiver 6-20-03.pdf

11. **Research Involving Human Fetal Tissue**

Human Fetal Tissue means tissue or cells obtained from a dead human fetus, including human embryonic stem cells, human pluripotent stem cells and human embryonic germ cells.

The governing federal statute is the Public Health Service Act, 42 U.S.C. 289g 1 and 289g 2. Implementing regulations and guidance for conducting research on human fetal tissue may be found at 45 CFR 46, Subpart B and http://grants1.nih.gov/grants/guide/notice-files/not93-235.html and any subsequent revisions to this NIH Guide to Grants and Contracts ("Guide") Notice.

By signing the face page of the proposal, the offeror (authorized institutional official) certifies that researchers using human fetal tissue are in compliance with 42 USC 289g 2. This statute specifically prohibits any person from knowingly acquiring, receiving, or transferring any human fetal tissue for valuable consideration. "Valuable consideration" is a concept similar to profit, and does not include reasonable payment for costs associated with the collection processing, preservation, storage, quality control or transportation of these tissues.

Research involving the transplantation of human fetal tissue must be conducted in accordance with applicable Federal, State and local law.

12. **Research Involving Recombinant DNA Molecules (including Human Gene Transfer Research)**

Recombinant DNA Molecules are either 1) molecules that are constructed outside of living cells by joining natural or synthetic DNA segments to DNA molecules that can replicate in a living cell, or 2) DNA molecules that result from the replication of those described in 1).

The NIH Guidelines for Research Involving Recombinant DNA Molecules at:

(http://www4.od.nih.gov/oba/rac/guidelines/guidelines.html and the May 28, 2002 Notice, Compliance with the NIH Guidelines for Research Involving Recombinant DNA Molecules at:
(http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-02-052.html)
and any subsequent revisions to the Guide Notice) stipulates biosafety and containment measures for recombinant DNA research and delineates critical, ethical principles and key safety reporting

requirements for human gene transfer research (See Appendix M of the NIH Guidelines). These guidelines apply to both basic and clinical research studies.

The Recombinant DNA Advisory Committee (RAC) is charged with the safety of manipulation of genetic material through the use of recombinant DNA techniques. Prior to beginning any clinical trials involving the transfer of recombinant DNA to humans, the trial must be registered with the RAC. If this contract involves new protocols that contain unique and//or novel issues, the RAC must discuss them in a public forum and then the Institutional Biosafety Committee (IBC), the Institutional Review Board (IRB), and the project officer and contracting officer must approve the protocol prior to the start of the research.

Failure to comply with these requirements may result in suspension, limitation, or termination of NIH funding for any work related to Recombinant DNA Research or a requirement for the contracting officer's prior approval of any or all Recombinant DNA projects under any contract awarded from this solicitation. This includes the requirements of the Standing Institutional Biosafety Committee (IBC) (See http://www4.od.nih.gov/oba/IBC/IBCindexpg.htm).

As specified in Appendix M 1 C 4 of the NIH Guidelines, any serious adverse event must be reported immediately to the IRB, the IBC, the Office for Human Research Protections (if applicable), and the NIH Office for Biotechnology Activities (OBA), followed by the filing of a written report with each office/group and copies to the project officer and contracting officer, at:
(http://www4.od.nih.gov/oba/rac/guidelines_02/Appendix_M.htm#_Toc7255836).

13. **Human Embryonic Germ Cell (HEGC) Research**

1. Guidelines.
   Research use of human embryonic germ cells derived from fetal tissue with Federal funds requires review of compliance with the NIH Guidelines for Research Using Human Pluripotent Stem Cells (http://stemcells.nih.gov/policy/guidelines.asp) (only the information regarding human embryonic germ cells is relevant). Embryonic germ cells are pluripotent stem cells derived from human embryos. See NIH Guide for Grants and Contracts Notice NOT OD 02 049, requiring that offerors/contractors submit certain documents to the Human Pluripotent Stem Cell Review Group (HPSCRG), which will be reviewed in a public meeting. Research using human embryonic germ cells may not be performed prior to approval by the HPSCRG.
   All offerors should read the "NIH Guidelines" (http://stemcells.nih.gov/policy/guidelines.asp) if they either: (1) propose to respond to the Statement of Work requirements by conducting research that uses human embryonic germ cells or, (2) are responding to a Statement of Work that requires the use of human embryonic germ cells.
   Offerors may obtain copies of these Guidelines from the website above or from the contact person listed in this solicitation.

2. Procedure for Review by Human Pluripotent Stem Cell Review Group (HPSCRG)
   If, in response to the solicitation, the offeror proposes to use human embryonic germ cells, it must submit, as a separate attachment to its proposal, an original and two copies of the documentation and assurances that address the areas covered in the "Procedures for Submission of Compliance Documents to the Human Pluripotent Stem Cell Review Group (HPSCRG) for the Research Use of Human Embryonic Germ Cells" at:
   (http://grants2.nih.gov/grants/guide/notice-files/NOT-OD-02-049.html).
   Prior to any award made under this solicitation, the documentation and assurances will be subject to review by the HPSCRG, which meets in a public meeting. No research involving the use of human embryonic germ cells may begin prior to HPSCRG approval.
   Offerors are encouraged to review issues pertaining to informed consent processes described in Section II.B.2.b of the NIH Guidelines. Offerors should also review the March 19, 2002, DHHS Office of Human Research Protection's document titled "Guidance for Investigators and Institutional Review Boards Regarding Research Involving Human Embryonic Stem Cells, Germ Cells, and Stem Cell Derived Test Articles," at

(http://stemcells.nih.gov/StaticResources/news/newsArchives/stemcell.pdf)

14. **Human Embryonic Stem Cell (HESC) Research**

On August 9, 2001, the President announced the criteria that must be met for Federal funds to be used for research on existing human embryonic stem cell lines. These criteria were subsequently published by the NIH at: http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-02-005.html. The following eligibility criteria must be met:

1. The derivation process (which commences with the removal of the inner cell mass from the blastocyst) must have already been initiated prior to August 9, 2001;
2. Prior to August 9, 2001, the embryo from which the stem cell line was derived no longer had the possibility of development as a human being;
3. The stem cells must have been derived from an embryo that was created for reproductive purposes;
4. The embryo was no longer needed for these purposes;
5. Informed consent must have been obtained for the donation of the embryo;
6. No financial inducements were provided for the donation of the embryo.

To facilitate research using human embryonic stem cells, the NIH has established a Human Embryonic Stem Cell Registry ("the NIH Registry") that lists the human embryonic stem cells that meet the eligibility criteria. This registry is available at: http://stemcells.nih.gov/registry/.

Research involving the derivation of new stem cells from human embryos or the use of human embryonic stem cells that are not listed on the NIH Human Embryonic Stem Cell Registry may not be conducted with Federal funding.

If a particular human embryonic stem cell line has not been required by the Statement of Work, an offeror proposing research involving human embryonic stem cells must cite a human embryonic stem cell line that is listed in the NIH Registry in its proposal.

15. **Data and Safety Monitoring in Clinical Trials**

All offerors are directed to the full text of the NIH Policies regarding Data and Safety Monitoring and Reporting of Adverse Events that are found in the NIH Guide for Grants and Contracts Announcements at the following web sites:

http://grants.nih.gov/grants/guide/notice-files/not98-084.html
http://grants.nih.gov/grants/guide/notice-files/not99-107.html
http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-038.html

All offerors receiving an award under this solicitation must comply with the NIH Policy cited in these NIH Announcements and any other data and safety monitoring requirements found elsewhere in this solicitation.

The following is a brief summary of the Data and Safety Monitoring and Adverse Event Reporting Requirements:

Data and Safety Monitoring is required for every clinical trial. Monitoring must be performed on a regular basis and the conclusions of the monitoring reported to the Project Officer.

The type of data and safety monitoring required will vary based on the type of clinical trial and the potential risks, complexity and nature of the trial. A plan for data and safety monitoring is required for all clinical trials. A general description of a monitoring plan establishes the overall framework for data and safety monitoring. It should describe the entity that will be responsible for the monitoring, and

the policies and procedures for adverse event reporting. Phase III clinical trials generally require the establishment of a Data Safety Monitoring Board (DSMB). The establishment of a DSMB is optional for Phase I and Phase II clinical trials.

The DSMB/Plan is established at the time the protocol is developed and must be approved by both the Institutional Review Board (IRB) and the Government and in place before the trial begins. If the protocol will be developed under the contract awarded from this solicitation, a general description of the data and safety monitoring plan must be submitted as part of the proposal and will be reviewed by the scientific review group (Technical Evaluation Panel, (TEP)) convened to evaluate the proposal. If the protocol is developed and is included as part of the submitted proposal, a complete and specific data and safety monitoring plan must be submitted as part of the proposal.

Monitoring Plans, at a minimum, must include the prompt reporting of adverse events to the IRB, the NIH Office of Biotechnology Activities (OBA), and the Food and Drug Administration (FDA). Also, in the plan you should describe the frequency of reporting of the conclusions of the monitoring activities. The overall elements of each plan may vary depending on the size and complexity of the trial. The NIH Policy for Data and Safety Monitoring at http://grants.nih.gov/grants/guide/notice-files/not98-084.html describes examples of monitoring activities to be considered.

The frequency of monitoring will depend upon potential risks, complexity, and the nature of the trial; therefore a number of options for monitoring trials are available. These can include, but are not limited to, monitoring by a:

- Principal Investigator (required)
- Independent individual /Safety Officer
- Designated medical monitor
- Internal Committee or Board with explicit guidelines
- Data and Safety Monitoring Board (DSMB - required for multisite trials)
- Institutional Review Board (IRB - required)

For multi-site Phase I and Phase II trials, a central reporting entity that will be responsible for preparing timely summary reports of adverse events for distribution among sites and IRBs should be considered.

Organizations with a large number of clinical trials may develop standard monitoring plans for Phase I and Phase II trials. In this case, such organizations may include the IRB-approved monitoring plan as part of the proposal submission.

16. **Care of Live Vertebrate Animals**

a. The following notice is applicable when contract performance is expected to involve care of live vertebrate animals:

Notice to Offerors of Requirement for Compliance with the Public Health Service Policy on Humane Care and Use of Laboratory Animals, HHSAR 352.270-9(a) (January 2006)

The PHS Policy on Human Care and Use of Laboratory Animals establishes a number of requirements for research activities involving animals. Before award may be made to an applicant organization, the organization shall file, with the Office of Laboratory Animal Welfare (OLAW), National Institutes of Health (NIH), a written Animal Welfare Assurance which commits the organization to comply with the provisions of the PHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions, the Animal Welfare Act, and the Guide for the Care and Use of Laboratory Animals prepared by the Institute of Laboratory Animal Resources. In accordance with the PHS Policy on Humane Care and Use of Laboratory Animals by

Awardee Institutions, applicant organizations must establish a committee, qualified through the experience and expertise of its members, to oversee the institution's animal program, facilities and procedures. No award involving the use of animals shall be made unless OLAW approves the Animal Welfare Assurance. Prior to award, the Contracting Officer will notify Contractor(s) selected for projects that involve live vertebrate animals that an Animal Welfare Assurance is required. The Contracting Officer will request that OLAW negotiate an acceptable Animal Welfare Assurance with those Contractor(s). For further information contact OLAW,at NIH, Bethesda, Maryland 20892 (301-496-7163).

(End of Provision)

The following specific address for OLAW is provided for ease of contact:

Office of Laboratory Animal Welfare
National Institutes of Health
RKL 1 - Suite 360, MSC 7982
6705 Rockledge Drive
Bethesda, MD 20892-7982 (For Hand-delivered/express mail use Zip code 20817)

FAX copies are of the PHS Policy are available at (301) 402-2803. This policy is also available on the internet at http://www.grants.nih.gov/grants/olaw/olaw.htm.

b. The following information must be included in the offerors technical proposal:

- identification of the species and approximate number of animals to be used;
- rationale for involving animals, and for the appropriateness of the species and numbers used;
- a complete description of the proposed use of the animals;
- a description of procedures designed to assure that discomfort and injury to animals will be limited to that which is unavoidable in the conduct of scientifically valuable research, and that analgesic, anesthetic, and tranquilizing drugs will be used where indicated and appropriate to minimize discomfort and pain to animals; and
- a description of any euthanasia method to be used.

c. If an Animal Assurance is already in place, the offeror's proposal shall include:

- The Animal Welfare Assurance number.
- The date last certified by OLAW. (i.e. assurance letter from OLAW)
- Evidence of recent AAALAC Accreditation, if required by the SOW contained in this solicitation.

17. **Possession, Use and Transfer of Select Biological Agents or Toxins**

Notice to Offerors of Requirements of: 42 CFR Part 73, Possession , Use, and Transfer of Select Agents and Toxins (relating to public health and safety):
(http://www.cdc.gov/od/sap/42_cfr_73_final_rule.pdf);
7 CFR Part 331, Possession, Use, and Transfer of Select Agents and Toxins (relating to plant health or plant products) (http://www.aphis.usda.gov/programs/ag_selectagent/FinalRule3-18-05.pdf); and,
9 CFR Part 121, Possession, Use, and Transfer of Select Agents and Toxins (relating to human and animal health, animal health or animal products)
(http://www.aphis.usda.gov/programs/ag_selectagent/FinalRule3-18-05.pdf) - March 18, 2005.

These regulations implement the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, and the Agricultural Bioterrorism Protection Act of 2002. They are designed to improve the ability of the United States Government to prevent, prepare for, and respond to bioterrorism and other public health emergencies. These regulations establish requirements regarding

registration, security risk assessments, safety plans, security plans, emergency response plans, training, transfers, record keeping, inspections, and notifications.

Listings of HHS select agents and toxins, and overlap select agents or toxins as well as information about the registration process for domestic institutions, are available on the Select Agent Program Web site at http://www.cdc.gov/od/sap/ and http://www.cdc.gov/od/sap/docs/salist.pdf. Listings of USDA select agents and toxins as well as information about the registration process for domestic institutions are available on the APHIS/USDA website at http://www.aphis.usda.gov/programs/ag_selectagent/index.html and http://www.aphis.usda.gov/programs/ag_selectagent/ag_bioterr_forms.html.
For foreign institutions, see the NIAID Select Agent Award information (http://www.niaid.nih.gov/ncn/clinical/default_biodefense.htm).

If the proposed contract will not involve Select Agents, the offeror must include a statement in its technical proposal that the work does not now nor will it in the future (i.e. throughout the life of the award) involve Select Agents.

Domestic Institutions

For prime or subcontract awards to domestic institutions that possess, use, and/or transfer Select Agents under this contract, the domestic institution must:

- include details about the select agent in their technical proposal, including the quantity proposed to be used during contract performance.
- comply with 42 CFR part 73, 7 CFR part 331 and/or 9 CFR part 121 at: http://www.aphis.usda.gov/programs/ag_selectagent/FinalRule3-18-05.pdf, as required, before using NIH funds for research involving Select Agents. No NIH funds can be used for research involving Select Agents if the final registration certificate is denied.

Foreign Institutions

For prime or subcontract awards to foreign institutions that possess, use, and/or transfer Select Agents under this contract, the foreign institution must:

- include details about the select agent in their technical proposal, including the quantity proposed to be used during contract performance.
- when requested during negotiations, provide information satisfactory to the NIAID/NIH that safety, security, and training standards equivalent to those described in 42 CFR part 73, 7 CFR part 331, and/or 9 CFR part 121 at: http://www.aphis.usda.gov/programs/ag_selectagent/FinalRule3-18-05.pdf for U.S. institutions are in place and will be administered on behalf of all Select Agent work under the resulting contract. The process for making this determination includes inspection of the foreign laboratory facility by an NIAID representative. During this inspection, the foreign institution must provide the following information: concise summaries of safety, security, and training plans; names of all individuals at the foreign institution who will have access to the Select Agents and procedures for ensuring that only approved and appropriate individuals, in accordance with institution procedures, will have access to the Select Agents under the contract; and copies of or links to any applicable laws, regulations, policies, and procedures applicable to that institution for the safe and secure possession, use, and/or transfer of select agents.

An NIAID chaired committee of U.S. federal employees (including representatives of NIH grants/contracts and scientific program management, CDC , Department of Justice and other federal intelligence agencies, and Department of State) will ultimately assess the results of the facility inspection, the regulations, policies, and procedures of the foreign institution for equivalence to the U.S. requirements described in 42 CFR part 73, 7 CFR part 331, and/or 9 CFR part 121 at:

http://www.aphis.usda.gov/programs/ag_selectagent/FinalRule3-18-05.pdf.
The committee will provide recommendations to the DEA Director, NIAID. The DEA Director will make the approval decision and notify the Contracting Officer. The Contracting Officer will inform the prime contractor of the approval status of the foreign institution. No NIH funds can be used for research involving Select Agents at a foreign institution until NIAID grants this approval.

18. **Obtaining and Disseminating Biomedical Research Resources**

As a public sponsor of biomedical research, the National Institutes of Health (NIH) has a dual interest in accelerating scientific discovery and facilitating product development. Intellectual property restrictions can stifle the broad dissemination of new discoveries and limit future avenues of research and product development. At the same time, reasonable restrictions on the dissemination of research tools are sometimes necessary to protect legitimate proprietary interests and to preserve incentives for commercial development. To assist NIH contractors achieve an appropriate balance, the NIH has provided guidance in the form of a two-part document, consisting of Principles setting forth the fundamental concepts and Guidelines that provide specific information to patent and license professionals and sponsored research administrators for implementation.

The purpose of these Principles and Guidelines is to assist NIH funding recipients in determining: 1) Reasonable terms and conditions for making NIH-funded research resources available to scientists in other institutions in the public and private sectors (disseminating research tools); and 2) Restrictions to accept as a condition of receiving access to research tools for use in NIH-funded research (acquiring research tools). The intent is to help recipients ensure that the conditions they impose and accept on the transfer of research tools will facilitate further biomedical research, consistent with the requirements of the Bayh-Dole Act and NIH funding policy.

This policy, entitled, "Sharing Biomedical Research Resources: Principles and Guidelines for Recipients of NIH Research Grants and Contracts," (Federal Register Notice, December 23, 1999 [64 FR 72090] will be included in any contract awarded from this solicitation. It can be found at the following website:

http://ott.od.nih.gov/NewPages/64FR72090.pdf

a. **Sharing Research Data**

[Note: This policy applies to **all** NIH contracts, regardless of dollar value, that are expected to generate research data.]

The NIH endorses the sharing of final research data to expedite the translation of research results into knowledge, products, and procedures to improve human health. This contract is expected to generate research data. Therefore, the offeror must submit a plan in its technical proposal for data sharing or state why data sharing is not possible. If data sharing is limited, the offeror should explain such limitations in its data sharing plan. NIH's data sharing policy may be found at the following Web site:

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-03-032.html

[If the resultant contract is part of a collaborative program involving multiple sites, the data sharing will be governed by a dissemination plan to be developed jointly following award. Offerors must include in their proposals a statement of willingness to work collaboratively after award with the other funded sites to prepare a joint dissemination plan. Coordinating Center proposals should describe methods to coordinate the dissemination planning and implementation. The Coordinating Center must include a budget and justification for any additional costs of this collaborative effort.]

19. **Information Security** is applicable to this solicitation and the following information is provided to assist in proposal preparation.

IMPORTANT NOTE TO OFFERORS: The following information shall be addressed in a separate section of the Technical Proposal entitled, "INFORMATION SECURITY."

The Federal Information Security Management Act of 2002 (P.L. 107-347) (FISMA) requires each agency to develop, document, and implement an agency-wide information security program to safeguard information and information systems that support the operations and assets of the agency, including those provided or managed by another agency, contractor (including subcontractor), or other source. The National Institute of Standards and Technology (NIST) has issued a number of publications that provide guidance in the establishment of minimum security controls for management, operational and technical safeguards needed to protect the confidentiality, integrity and availability of a Federal information system and its information.

The Statement of Work (SOW) requires the successful offeror to (1) develop, (2) have the ability to access, or (3) host and/or maintain a Federal information system(s). Pursuant to Federal and HHS Information Security Program Policies the following requirements apply to this solicitation:

Federal Information Security Management Act of 2002 (FISMA), Title III, E-Government Act of 2002, Pub. L. No. 107-347 (Dec. 17, 2002); http://csrc.nist.gov/policies/FISMA-final.pdf

a. Information Type

[X]Administrative, Management and Support Information

[ ]Mission Based Information

b. Security Categories and Levels

Confidentiality Level:	[X] Low [ ] Moderate [ ] High
Integrity Level:	[ ] Low [X] Moderate [ ] High
Availability Level:	[X] Low [ ] Moderate [ ] High
Overall Level:	**[ ] Low [X] Moderate [ ] High**

c. Position Sensitivity Designations

Prior to award, the Government will determine the position sensitivity designation for each contractor (including subcontractor) employee that the successful offeror proposes for work under the contract. For proposal preparation purposes, the following designations apply:

[ ] **Level 6: Public Trust - High Risk (Requires Suitability Determination with a BI).** Contractor employees assigned to a Level 6 position are subject to a Background Investigation (BI).

[ ] **Level 5: Public Trust - Moderate Risk (Requires Suitability Determination with NACIC,** MBI or LBI). Contractor employees assigned to a Level 5 position with no previous investigation and approval shall undergo a National Agency Check and Inquiry Investigation plus a Credit Check (NACIC), a Minimum Background Investigation (MBI), or a Limited Background Investigation (LBI)

[X] **Level 1: Non Sensitive (Requires Suitability Determination with an NACI).** Contractor employees assigned to a Level 1 position are subject to a National Agency Check and Inquiry Investigation (NACI).

Upon award, the contractor will be required to submit a roster of all staff (including subcontractor staff) working under the contract who will develop, have the ability to access, or host and/or maintain a federal information system(s). The Government will determine

and notify the Contractor of the appropriate level of suitability investigation required for each staff member. An electronic template, "Roster of Employees Requiring Suitability Investigations," is available for contractor use at: http://ais.nci.nih.gov/forms/Suitability-roster.xls

Upon receipt of the Government's notification of applicable Suitability Investigations required, the contractor shall complete and submit the required forms within 30 days of the notification. Additional submission instructions can be found at the "NCI Information Technology Security Policies, Background Investigation Process" website: http://ais.nci.nih.gov.

Contractor/subcontractor employees who have met investigative requirements within the past five years may only require an updated or upgraded investigation.

d. Information Security Training

HHS policy requires contractors/subcontractors receive security training commensurate with their responsibilities for performing work under the terms and conditions of their contractual agreements.

The successful offeror will be responsible for assuring that each contractor/subcontractor employee has completed the NIH Computer Security Awareness Training course at: http://irtsectraining.nih.gov/ prior to performing any contract work, and thereafter completing the NIH-specified fiscal year refresher course during the period of performance of the contract. The successful offeror shall maintain a listing of all individuals who have completed this training and shall submit this listing to the Project Officer.

Additional security training requirements commensurate with the position may be required as defined in NIST Special Publication 800-16, Information Technology Security Training Requirements (http://csrc.nist.gov/publications/nistpubs/800-16/800-16.pdf). This document provides information about information security training that may be useful to potential offerors.

e. Offeror's Official Responsible for Information Security

The offeror shall include in the "Information Security" part of its Technical Proposal the name and title of its official who will be responsible for all information security requirements should the offeror be selected for an award.

f. NIST SP 800 26 Self Assessment Questionnaire

The offeror must include in the "Information Security" part of its Technical Proposal, a completed Self-Assessment Questionnaire required by NIST Draft SP 800-26, Revision 1, Guide for Information Security Program Assessments and System Reporting Form at: (http://csrc.nist.gov/publications/drafts/Draft-sp800-26Rev1.pdf, See Appendix B for submission format.) NIST 800-26 assesses information security assurance of the offeror's internal systems security. This assessment is based on the Federal IT Security Assessment Framework and Draft NIST SP 800-53, Revision 1, Recommended Security Controls for Federal Information Systems, at: (http://www.csrc.nist.gov/publications/drafts/800-53-rev1-clean-sz.pdf).

Subcontracts: The offeror must include similar information for any proposed subcontractor that will perform under the SOW to (1) develop a Federal information system(s) at

the offeror's/subcontractor's facility, or (2) host and/or maintain a Federal information system(s) at the offeror's/subcontractor's facility.

g. Draft Information System Security Plan

The offeror must include a draft Information System Security Plan (ISSP) using the current template in Appendix A of NIST SP 800 18, Guide to Developing Security Plans for Federal Information Systems (http://csrc.nist.gov/publications/nistpubs/800-18-Rev1/sp800-18-Rev1-final.pdf). The details contained in the offeror's draft ISSP must be commensurate with the size and complexity of the requirements of the SOW based on the System Categorization determined above in subparagraph (b) Security Categories and Levels.

Subcontracts: The offeror must include similar information for any proposed subcontractor that will perform under the SOW with the offeror whenever the submission of an ISSP is required.

Note to Offeror: The resultant contract will require the draft ISSP to be finalized in coordination with the Project Officer no later than 90 calendar days after contract award. Also, a contractor is required to update and resubmit its ISSP to NIH every three years following award or when a major modification has been made to its internal system.

h. References

1. Federal Information Security Management Act of 2002 (FISMA), Title III, E-Government Act of 2002, Pub. L. No. 107-347 (Dec. 17, 2002); http://csrc.nist.gov/policies/FISMA-final.pdf
2. DHHS Personnel Security/Suitability Handbook: http://www.hhs.gov/ohr/manual/pssh.pdf
3. NIH Computer Security Awareness Training Course: http://irtsectraining.nih.gov/
   The following NIST publications may be found at the following site: http://csrc.nist.gov/publications/
   [Note: The search tool on the left side of this page provides easy access to the documents.]
4. NIST Special Publication 800-16, Information Technology Security Training Requirements; and
   Appendix A-D
5. NIST SP 800-18, Guide for Developing Security Plans for Information Technology Systems
6. NIST SP 800-26, Revision 1, Computer Security
7. NIST SP 800-53, Revision 1, Recommended Security Controls for Federal Information Systems
8. NIST SP 800-60, Guide for Mapping Types of Information and Information Systems to Security Categories, Volume I; and
   Volume II, Appendices to Guide For Mapping Types of Information and Information Systems To Security Categories, Appendix C, and Appendix D
9. NIST SP 800-64, Security Considerations in the Information System Development Life Cycle

10. FIPS PUB 199, Standards for Security Categorization of Federal Information and Information Systems
11. FIPS PUB 200, Minimum Security Requirements for Federal Information and Information Systems

c. **BUSINESS PROPOSAL INSTRUCTIONS**

1. **Basic Cost/Price Information**

The business proposal must contain sufficient information to allow the Government to perform a basic analysis of the proposed cost or price of the work. This information shall include the amounts of the basic elements of the proposed cost or price. These elements will include, as applicable, direct labor, fringe benefits, travel, materials, subcontracts, purchased parts, shipping, indirect costs and rate, fee, and profit.

2. **Proposal Cover Sheet**

The following information shall be provided on the first page of your pricing proposal:

1. Solicitation, contract, and/or modification number;
2. Name and address of Offeror;
3. Name and telephone number of point of contact;
4. Name, address, and telephone number of Contract Administration Office, (if available);
5. Name, address, and telephone number of Audit Office (if available);
6. Proposed cost and/or price; profit or fee (as applicable); and total;
7. The following statement: By submitting this proposal, the offeror, if selected for discussions, grants the contracting officer or an authorized representative the right to examine, at any time before award, any of those books, records, documents, or other records directly pertinent to the information requested or submitted.
8. Date of submission; and
9. Name, title and signature of authorized representative.
   This cover sheet information is for use by offerors to submit information to the Government when cost or pricing data are not required but information to help establish price reasonableness or cost realism is necessary. Such information is not considered cost or pricing data, and shall not be certified in accordance with FAR 15.406-2.

3. **Information Other than Cost or Pricing Data**

a. The information submitted shall consist of data to permit the Contracting Officer and authorized representatives to determine price reasonableness or cost realism, e.g., information to support an analysis of material costs (when sufficient information on labor and overhead rates is already available), or information on prices and quantities at which the offeror has previously sold the same or similar items.
   Any information submitted must support the price proposed. Include sufficient detail or cross references to clearly establish the relationship of the information provided to the price proposed. Support any information provided by explanations or supporting rational as needed to permit the Contracting Officer and authorized representative to evaluate the documentation.

b. The information submitted shall be at the level of detail described below.

1. **Direct Labor**

Provide a time-phased (e.g., monthly, quarterly, etc.) breakdown of labor hours, rates, and cost by appropriate category. Key personnel will be separately estimated as above and identified. Give the basis for the estimates in each case.

2. **Materials**
   Provide a consolidated price summary of individual material quantities included in the various tasks, orders, or contract line items being proposed and the basis for pricing (vendor quotes, invoice prices, etc.).

3. **Subcontracted Items**
   Include parts, components, assemblies, and services that are to be produced or performed by others in accordance with offeror's design, specifications, or direction and that are applicable only to the prime contract. For each subcontract over $550,000, the support should provide a listing by source, item, quantity, price, type of subcontract, degree of competition, and basis for establishing source and reasonableness of price, as well as the results of review and evaluation of subcontract proposals when required by FAR 15.404-3.

4. **Raw Materials**
   Consists of material in a form or state that requires further processing. Provide priced quantities of items required for the proposal.

5. **Purchased Parts**
   Includes material items not covered above. Provide priced quantities of items required for the proposal.

6. **Fringe Benefits**
   Show fringe benefits as a separate line item. Include the rate(s) and/or method of calculating fringe benefits. Provide a copy of your fringe benefit rate or institutional guidelines.

7. **Indirect Costs**
   Indicate how offeror has computed and applied offeror's indirect costs, including cost breakdowns, and provide a basis for evaluating the reasonableness of proposed rates. Indicate the rates used and provide an appropriate explanation. Where a rate agreement exists, provide a copy.

8. **Special Equipment**
   If direct charge, list any equipment in accordance with Item (13) Other Administrative Data, subparagraph (2) Government Property of this Section L.2.c of this solicitation.

9. **Travel**
   If direct charge, list any equipment in accordance with Item (13) Other Administrative Data, subparagraph (2) Government Property of this Section L.2.c of this solicitation.

10. **Other Costs**
    List all other costs not otherwise included in the categories described above (e.g., computer services, consultant services) and provide basis for pricing.

4. **Salary Rate Limitation in Fiscal Year 2007**

Offerors are advised that pursuant to P.L. 110-005**, no NIH Fiscal Year 2007 (October 1, 2006 - September 30, 2007) funds may be used to pay the direct annual salary of an individual through any contract awarded as a result of this solicitation at a rate in excess of the Executive Schedule, Level I* (direct salary is exclusive of Overhead, Fringe Benefits and General and Administrative expenses, also referred to as "indirect cost" or "facilities and administrative (F&A) costs"). Direct salary has the same meaning as the term "institutional base salary." An individual's direct salary (or institutional base

salary) is the annual compensation that the contractor pays for an individual's appointment whether that individual's time is spent on research, teaching, patient care or other activities. Direct salary (or institutional base salary) excludes any income that an individual may be permitted to earn outside of duties to the contractor.

This does not preclude the offeror from absorbing that portion of an employee's annual salary (plus the dollar amount for fringe benefits and associated indirect costs) that exceeds a rate of the Executive Schedule, Level I*. The salary rate limitation set by P.L. 110-005** applies only to Fiscal Year 2007 funds, however, salary rate ceilings for subsequent years may be included in future DHHS appropriation acts. Multi-year contracts awarded pursuant to this solicitation may be subject to unilateral modifications by the Government if an individual's annual salary exceeds any salary rate ceiling established in future appropriations acts. The Executive Schedule, Level I* annual salary rate limitation also applies to individuals proposed under subcontracts, however it does not apply to consultants. P.L. 110-005** states in pertinent part:

"None of the funds appropriated in this Act for the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Substance Abuse, and Mental Health Services Administration shall be used to pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Executive Level I*."

LINK TO EXECUTIVE SCHEDULE SALARIES: http://www.opm.gov/oca/07tables/html/ex.asp

***Note to Offerors**: The current Fiscal Year Executive Level I Salary Rate should be adhered to in the preparation of your proposal. All costs associated with any resultant contract award shall be in compliance with the current Fiscal Year 2007 Executive Level I Salary rates.

***Public Law 110-005, Revised Continuing Appropriations Resolution, 2007, extends the legislative provisions provided in the FY 2006 Appropriations Act (Public Law 109-149) through the end of FY 2007. Therefore, the provision that restricts the amount of direct salary to Executive Level I of the Federal Executive Pay Scale continues through FY 2007. The Executive Level I annual salary rate was $183,500 for the period January 1 through December 31, 2006. Effective January 1, 2007, the Executive Level I salary rate increased to $186,600.*

5. **Small Business Subcontracting Plan**

If the proposed contract exceeds a total estimated cost of $550,000 for the entire period of performance, the offeror shall be required to submit an acceptable subcontracting plan in accordance with the terms of the clause entitled "Small Business Subcontracting Plan," FAR Clause No. 52.219-9, incorporated herein by reference in the Solicitation, See SECTION J - LIST OF ATTACHMENTS, BUSINESS PROPOSAL ATTACHMENTS of this RFP for an example of such a plan.

a. THIS PROVISION DOES NOT APPLY TO SMALL BUSINESS CONCERNS.

b. The term "subcontract" means any agreement (other than one involving an employer-employee relationship) entered into by a Federal Government prime Contractor or subcontractor calling for supplies or services required for the performance of the original contract or subcontract. This includes, but is not limited to, agreements/purchase orders for supplies and services such as equipment purchase, copying services, and travel services.

c. The offeror understands that:

    1. No contract will be awarded unless and until an acceptable plan is negotiated with the Contracting Officer which plan will be incorporated into the contract, as a material part thereof.

    2. An acceptable plan must, in the determination of the Contracting Officer, provide the maximum practicable opportunity for Small Businesses, Small Disadvantaged Businesses,

Women-Owned Small businesses, HUBZone Small Businesses, Veteran-Owned Small Businesses, and Service Disabled Veteran-Owned Small Businesses to participate in the performance of the contract.

3. If a subcontracting plan acceptable to the Contracting Officer is not negotiated within the time limits prescribed by the contracting activity and such failure arises out of causes within the control and with the fault or negligence of the offeror, the offeror shall be ineligible for an award. The Contracting Officer shall notify the Contractor in writing of the reasons for determining a subcontracting plan unacceptable early enough in the negotiation process to allow the Contractor to modify the plan within the time limits prescribed.

4. Prior compliance of the offeror with other such subcontracting plans under previous contracts will be considered by the Contracting Officer in determining the responsibility of the offeror for award of the contract.

5. It is the offeror's responsibility to develop a satisfactory subcontracting plan with respect to Small Business Concerns, Small Disadvantaged Business Concerns, Women-Owned Small Business Concerns, HUBZone Small Business Concerns, Veteran-Owned Small Business Concerns, and Service Disabled Veteran-Owned Small Business Concerns that each such aspect of the offeror's plan will be judged independent of the other.

6. The offeror will submit, as required by the Contracting Officer, subcontracting reports in accordance with the instructions thereon, and as further directed by the Contracting Officer. Subcontractors will also submit these reports to the Government's Contracting Officer or as otherwise directed, with a copy to the prime Contractor's designated small and disadvantaged business liaison.

d. Each plan must contain the following:

1. Goals, expressed in terms of percentages of total planned subcontracting dollars, for the use of Small, Small Disadvantaged, Women-Owned, HUBZone, Veteran-Owned, and Service Disabled Veteran-Owned Small Business Concerns as subcontractors.

2. A statement of total dollars planned to be subcontracted. A statement of total dollars to be subcontracted to each of the following type of small business concerns: Small, Small Disadvantaged, Women-Owned, HUBZone, Veteran-Owned, and Service Disabled Veteran-Owned Small Businesses.

3. A description of the principal types of supplies and services to be subcontracted with an identification of which supplies and services are expected to be subcontracted to Small, Small Disadvantaged, Women-Owned, HUBZone, Veteran-Owned and/or Service Disabled Veteran-Owned Small Business Concerns.

4. A description of the method used to develop the subcontracting goals.

5. A description of the method used to identify potential sources for solicitation purposes.

6. A statement as to whether or not indirect costs were included in establishing subcontracting goals. If they were, a description of the method used to determine the proportionate share of indirect costs to be incurred with Small, Small Disadvantaged, Women-Owned, HUBZone, Veteran-Owned, and Service Disabled Veteran-Owned Small Businesses.

7. The name of the individual employed by the offeror who will administer the offeror's subcontracting program and a description of his/her duties.

8. A description of the efforts the offeror will make to assure that Small, Small Disadvantaged, Women-Owned, HUBZone, Veteran-Owned, and Service Disabled Veteran-Owned Small Businesses have an equitable chance to compete for subcontracts.

9. Assurances that the offeror will include in all subcontracts the contract clause "Utilization of Small Business Concerns." Assure that all subcontractors, other than small businesses, in excess of $550,000 adopt a plan similar to the plan agreed upon by the offeror.
10. Assurances that the offeror (and any required subcontractors) will cooperate in studies or surveys as required and submit required reports (SF 294 and SF 295) to the Government.
11. List the types of records the offeror will maintain to demonstrate procedures that have been adopted to comply with the requirement and goals in the plan, including establishing source lists. Also, the offeror shall describe its efforts to locate Small, Small Disadvantaged, Women-Owned, HUBZone, Veteran-Owned, and Service Disabled Veteran-Owned Small Businesses and award subcontracts to them.

    For additional information about each of the above elements required to be contained the subcontracting plan, see FAR Clause 52.219-9, Small Business Subcontracting Plan, and the Sample Subcontracting Plan which is provided as an attachment to this RFP in SECTION J.

    HHS expects each procuring activity to establish minimum subcontracting goals for all procurements. The anticipated minimum goals for this RFP are as follows:

    30% for Small Business; 11% for Small Disadvantaged Business; 5% for Women-Owned Small Business; 3% for HUBZone Small Business; and 3% for Veteran-Owned Small Business and Service-Disabled Veteran-Owned Small Business.

6. **HUBZone Small Business Concerns**

Small Business offerors located in underutilized business zones, called "HUBZones," will be evaluated in accordance with FAR Clause 52.219-4, NOTICE OF PRICE EVALUATION PREFERENCE FOR HUBZONE SMALL BUSINESS CONCERNS, which is incorporated by reference in ARTICLE I.3. of this solicitation. Qualified HUBZone firms are identified in the Small Business Administration website at http://www.sba.gov/hubzone.

7. **Extent of Small Disadvantaged Business Participation**

In accordance with FAR Subpart 15.304(c)(4), the extent of participation of Small Disadvantaged Business (SDB) concerns in performance of the contract in the authorized NAICS Industry Subsectors shall be evaluated in unrestricted competitive acquisitions expected to exceed $550,000 ($1,000,000 for construction) subject to certain limitations (see FAR 19.1202-1 and 19.1202-2(b). The dollar amounts cited above include any option years/option quantities that may be included in this solicitation. The definition of a "small disadvantaged business" is cited in FAR 19.001.

The factor entitled "Extent of Small Disadvantaged Business Participation" as set forth under the Evaluation Criteria in Section M shall be used for evaluation purposes.

The Department of Commerce determines, on an annual basis, by Subsectors, as contained in the North American Industry Classification System (NAICS) codes, and region, if any, the authorized SDB procurement mechanisms and applicable factors (percentages). The NAICS codes can be found at: http://www.sba.gov/size

The Department of Commerce website for the annual determination for NAICS codes* is: http://www.arnet.gov/References/sdbadjustments.htm.

** Note: Public Law 103-355 which authorized the SDB Price Evaluation Adjustment (PEA) and associated percentages/factors expired on December 9, 2004, therefore, the percentages shown at this website are no longer applicable.*

Offerors shall include with their offers, SDB targets, expressed as dollars and percentages of total contract value, in each of the applicable, authorized NAICS Industry Subsector(s). The applicable authorized NAICS Industry Subsector(s) for this project is (are) identified elsewhere in this RFP. A total target for SDB participation by the prime contractor, that includes any joint ventures and team members, shall be provided as well as a total target for SDB participation by subcontractors. In addition, offerors must provide information that describes their plans for meeting the targets set forth in their proposal. **This information shall be provided in one clearly marked section of the Business Proposal, which shall describe the extent of participation of SDB concerns in the performance of the contract.**

If the evaluation factor in this solicitation includes an SDB evaluation factor or subfactor that considers the extent to which SDB concerns are specifically identified, the SDB concerns considered in the evaluation shall be listed in any resultant contract. Offerors should note that addressing the extent of small disadvantaged business participation **is not in any way intended to be a substitute** for submission of the subcontracting plan, if it is required by this solicitation. An example of the type of information that might be given (in addition to the narrative describing the plan for meeting the targets) follows:

EXAMPLE
Targets for SDB Participation - NAICS Industry Subsector 223

	SDB Percentage of Total Contract Value	**SDB Dollars**
Total Contract Value- $1,000,000	25%	$250,000
SDB Participation by Prime	10%	$100,000
(Includes joint venture partners and team arrangements)*		
SDB Participation by subcontractors	15%	$150,000

*Note: FAR Subpart 9.6 defines "Contractor team arrangements" to include two or more companies forming a partnership or joint venture to act as a potential prime contractor, or a potential prime contractor who agrees with one or more companies to have them act as its subcontractors on a specific contract or acquisition program. For purposes of evaluation of the SDB participation factor, FAR 19.1202-4 requires that SDB joint ventures and teaming arrangements at the prime level be presented separately from SDB participation by subcontractors.

8. **Qualifications of the Offeror**

You are requested to submit a summary of your "General Experience, Organizational Experience Related to this RFP, Performance History and Pertinent Contracts."

a. **General Experience**
General experience is defined as general background, experience and qualifications of the offeror. A discussion of proposed facilities which can be devoted to the project may be appropriate.

b. **Organizational Experience Related to the RFP**
Organizational experience is defined as the accomplishment of work, either past or on-going, which is comparable or related to the effort required by this RFP. This includes overall offeror or corporate experience, but not the experience and/or past performance of individuals who are proposed as personnel involved with the Statement of Work in this RFP.

c. **Performance History**
Performance history is defined as meeting contract objectives within **delivery** and **cost schedules** on efforts, either past or on-going, which is comparable or related to the effort required by this RFP.

d. **Pertinent Contracts**
Pertinent contracts is defined as a listing of each related contract completed within the last three years or currently in process. The listing should include: 1) the contract number; 2) contracting agency; 3) contract dollar value; 4) dates contract began and ended (or ends); 5) description of contract work; 6) explanation of relevance of work to this RFP; 7) actual delivery and cost performance versus delivery and cost agreed to in the contract(s). For award fee contracts, separately state in dollars the base fee and award fee available and the award fee actually received. The same type of organizational experience and past performance data should be submitted.

e. **Pertinent Grants**
List grants supported by the Government that involved similar or related work to that called for in this RFP. Include the grant number, involved agency, names of the grant specialist and the Science Administrator, identification of the work, and when performed.
You are cautioned that omission or an inadequate or inaccurate response to this very important RFP requirement could have a negative effect on the overall selection process. Experience and past performance are factors which are relevant to the ability of the offerors to perform and are considered in the source selection process.

9. **Other Administrative Data**

a. **Property**

1. It is HHS policy that Contractors will provide all property necessary for contract performance. Exception may be granted to provide Government property (Government-furnished or Contractor-acquired), but only when approved by the Contracting Officer. If the offeror requests that Government property be provided, other than that specified under "Government Furnished Property," below , the proposal must include a comprehensive justification addressing the following items:

    a. State why the property is essential to contract performance and whether the property will be used exclusively for this contract.

    b. Describe other alternatives (e.g., purchase, lease, etc.) pursued and why they were not viable options.

2. Government Property

    The offeror shall identify Government property in its possession which it proposes to use in the performance of the prospective contract as follows:

a. A list or description of all Government property that the offeror or its subcontractors propose to use on a rent-free basis. The list shall identify the accountable contract under which the property is held and the authorization for its use (from the contracting officer having cognizance of the property);

b. The dates during which the property will be available for use (including the first, last, and all intervening months) and, for any property that will be used concurrently in performing two or more contracts, the amounts of the respective uses in sufficient detail to support prorating the rent;

c. The amount of rent that would otherwise be charged in accordance with FAR 52.245-9, Use and Charges; and

d. The voluntary consensus standard or industry leading practices and standards to be used in the management of Government property, or existing property management plans, methods, practices, or procedures for accounting for property.

NOTE: The Contracting Officer will consider any potentially unfair competitive advantage that may result from the contractor possessing Government property, and for evaluation purposes only, adjust the offers using a rental equivalent evaluation factor, as appropriate.

3. Government-Furnished Property

   No Government Furnished Property is offered for this acquisition

4. The management and control of any Government property shall be in accordance with the HHS Publication entitled, Contractors Guide for Control of Government Property, which can be found at: http://knownet.hhs.gov/log/AgencyPolicy/HHSLogPolicy/contractorsguide.htm

b. ***Submission of Electronic Funds Transfer Information with Offer, FAR Clause 52.232-38*** *(MAY 1999)*

The offeror shall provide, with its offer, the following information that is required to make payment by electronic funds transfer (EFT) under any contract that results from this solicitation. This submission satisfies the requirement to provide EFT information under paragraphs (b)(1) and (j) of the clause at 52.232 34, Payment by Electronic Funds Transfer Other than Central Contractor Registration.

(1) The solicitation number (or other procurement identification number).
(2) The offeror's name and remittance address, as stated in the offer.
(3) The signature (manual or electronic, as appropriate), title, and telephone number of the offeror's official authorized to provide this information.
(4) The name, address, and 9 digit Routing Transit Number of the offeror's financial agent.
(5) The offeror's account number and the type of account (checking, savings, or lockbox).
(6) If applicable, the Fedwire Transfer System telegraphic abbreviation of the offeror's financial agent.
(7) If applicable, the offeror shall also provide the name, address, telegraphic abbreviation, and 9 digit Routing Transit Number of the correspondent financial institution receiving the wire transfer payment if the offeror's financial agent is

not directly on line to the Fedwire and, therefore, not the receiver of the wire transfer payment.
(End of Provision)

c. **Financial Capacity**

The offeror shall indicate if it has the necessary financial capacity, working capital, and other resources to perform the contract without assistance from any outside source. If not, indicate the amount required and the anticipated source.

d. **Incremental Funding**

An incrementally funded cost-reimbursement contract is a contract in which the total work effort is to be performed over a multiple year period and funds are allotted, as they become available, to cover discernible phases or increments of performance. The incremental funding technique allows for contracts to be awarded for periods in excess of one year even though the total estimated amount of funds expected to be obligated for the contract are not available at the time of the contract award. If this requirement is specified elsewhere in this RFP, the offeror shall submit a cost proposal for each year. In addition, the following provision is applicable:

Incremental Funding, HHSAR 352.232-75 (January 2006)

(a) It is the Government's intention to negotiate and award a contract using the incremental funding concepts described in the clause entitled Limitation of Funds as specified in FAR 52.232-22. Under the clause, which will be included in the resultant contract, initial funds will be obligated under the contract to cover the first year of performance. The Government intends to allot additional funds up to and including the full estimated cost of the contract for the remaining years of performance by contract modifications. However, the Government is not obligated to reimburse the Contractor for costs incurred in excess of the periodic allotments, nor is the Contractor obligated to perform in excess of the amount allotted.

(b) The Limitation of Funds clause to be included in the resultant contract, as specified in FAR 52.232-22, shall supersede the Limitation of Cost clause found in the Section I, Contract Clauses.

(End of provision)

e. ***Facilities Capital Cost of Money****, FAR 52.215-16, (June 2003)*
(This is applicable if you are a commercial organization.)

(a) Facilities capital cost of money will be an allowable cost under the contemplated contract, if the criteria for allowability in FAR 31.205-10(b) are met. One of the allowability criteria requires the prospective Contractor to propose facilities capital cost of money in its offer.

(b) If the prospective Contractor does not propose this cost, the resulting contract will include the clause Waiver of Facilities Capital Cost of Money.
(End of Provision)
If the offeror elects to claim this cost, the offeror shall specifically identify or propose it in the cost proposal for the contract by checking the appropriate box below.

[ ]Fac Cap Cost of Money (Has)*The prospective Contractor* ***has*** *specifically identified or proposed facilities capital cost of money in its cost proposal and elects to claim this cost as an allowable cost under the contract. Submit Form CASB-CMF (see FAR 31.205-10).*
[ ]Fac Cap Cost of Money (Has Not) ***has not*** *specifically identified or proposed facilities capital cost of money in its proposal and elects not to claim it as an allowable cost under the contract.*

10. **Subcontractors**

If subcontractors are proposed, please include a commitment letter from the subcontractor detailing:

a. Willingness to perform as a subcontractor for specific duties (list duties).
b. What priority the work will be given and how it will relate to other work.
c. The amount of time and facilities available to this project.
d. Information on their cognizant field audit offices.
e. How rights to publications and patents are to be handled.
f. A complete cost proposal in the same format as the offeror's cost proposal.

Note: Organizations that plan to enter into a subcontract with an educational concern under a contract awarded under this RFP should refer to the following Web Site for a listing of clauses that are required to be incorporated in Research & Development (R&D) subcontracts with educational institutions:
http://ocm.od.nih.gov/contracts/rfps/FDP/FDPclausecover.htm

11. **Proposer's Annual Financial Report**

A copy of the organization's most recent annual report must be submitted as part of the business proposal.

12. **Representations and Certifications - SECTION K**

One copy of SECTION K (which includes FAR Clause 52.204-8 Annual Representations and Certifications) shall be completed and be signed by an official authorized to bind your organization. Additionally, a completed copy of SECTION K shall be submitted from any proposed subcontractor. SECTION K can be found at: http://rcb.cancer.gov/rcb-internet/wkf/sectionk.pdf

13. **Travel Costs/Travel Policy**

a. **Travel Costs - Commercial**

Costs for lodging, meals, and incidental expenses incurred by Contractor personnel shall be considered to be reasonable and allowable to the extent they do not exceed on a daily basis the per diem rates set forth in the Federal Travel Regulations, General Services Administration (GSA). Therefore, if travel costs are applicable and proposed by offerors, please be advised that they shall be calculated using the per diem rate schedule as established by GSA. Reimbursement of travel costs under any contract awarded from this RFP shall be in accordance with FAR 31.205-46.

b. **Travel Policy**

One copy of the offeror's (and any proposed subcontractor's) written travel policy shall be included in the business proposal (original only). If an offeror (or any proposed subcontractor) does not have a written travel policy, the offeror shall so state.

14. **Certification of Visas for Non-U.S. Citizens**

Proposed personnel under research projects are not required to be citizens of the United States. However, if non-U.S. citizens are proposed under a contract to be performed in the United States and its outlying areas, then the offeror must indicate in the proposal that these individuals have the required visas.

SECTION M - EVALUATION FACTORS FOR AWARD

Please refer to ATTACHMENT 7, "PART A - Section M - Evaluation Factors for Award" and ATTACHMENT 11, "PART B - Section M - Evaluation Factors for Award" in this solicitation for specific information on the evaluation of proposals submitted in respose to this solicitation.

PACKAGING AND DELIVERY OF THE PROPOSAL

PAPER SUBMISSION: The paper copy is the official copy for recording timely receipt of proposals.

SUBMISSION OF PROPOSALS BY FACSIMILE OR E-MAIL IS **NOT** ACCEPTABLE.

A. EXTERNAL PACKAGE MARKING:

In addition to the address cited below, mark each package as follows:

"**BAA NO. NIH-BARDA-NIAID-DMID-AI2007007**
TO BE OPENED BY AUTHORIZED GOVERNMENT PERSONNEL ONLY"

B. PAPER COPIES and CD-Rom to:

If Hand Delivery or Express Service	If using U.S. Postal Service
Jordan Pulaski Contracting Officer Office of Acquisitions, DEA, NIAID, NIH 6700-B Rockledge Drive, Room 3214, MSC 7612 Bethesda, Maryland 20817	Jordan Pulaski Contracting Officer Office of Acquisitions, DEA, NIAID, NIH 6700-B Rockledge Drive, Room 3214, MSC 7612 Bethesda, Maryland 20892-7612

NOTE: All material sent to this office by Federal Express should be sent to the Hand Carried Address.

NOTE: The U.S. Postal Service's "Express Mail" does not deliver to the hand delivered (20817 zip code) address. Any package sent to this address via this service will be held at a local post office for pick-up. THE GOVERNMENT IS NOT RESPONSIBLE FOR PICKING UP ANY MAIL AT A LOCAL POST OFFICE. If a proposal is not received at the place, date, and time specified herein, it will be considered a "late proposal," in accordance with HHSAR 352.215-70, Late Proposals and Revisions (NOV 1986).

C. NUMBER OF COPIES:

TOTAL PAGE COUNT DOES NOT INCLUDE: Title and Back Page; NIH-2043; Table of Contents; Section Dividers that do not contain information other than title of Section.
PAGES THAT ARE 2-SIDED WILL COUNT AS 2 PAGES.
FORMATTING AND LAYOUT:
Use your usual word processing and spreadsheet programs to prepare and format the technical and business proposals.

Documents submitted using Adobe .pdf shall be submitted using a .pdf searchable format.

- Type size must be 10 to 12 points.
- Type spacing should be no more than 15 characters per inch. Within a vertical inch, there must be no more than six lines of text.
- Print margins must be at least one inch on each edge of the paper.
- Print setup should be single-sided on standard letter size paper (8.5 x 11" in the U.S., A4 in Europe).
- Offerors shall NOT use 8.5 x 14 legal size paper.

- Proposals shall NOT include links to Internet Web site addresses (URLs) or otherwise direct readers to alternate sources of information.

CREATING AND NAMING ELECTRONIC FILES:

1. A separate CD should be submitted for the Technical Proposal and Business Proposal information. *Offerors who submit both Technical and Business Proposals on the same CD will be required to resubmit them on separate CDs.*

2. It is preferred that the Technical Proposal be submitted as *one electronic file document*.

   Note: if multiple files are submitted for either proposal, please include the name of the section in the file name.
   EXAMPLE: XYX Company-07-16-Technical-Approach-3-6-06

3. CDs should be named using the following format:
   Technical Proposal: *Company name-RFP number-technical-date*
   Business Proposal: *Company name-RFP number-business-date*

THE NUMBER OF COPIES AND APPLICABLE PAGE LIMITATIONS REQUIRED OF EACH PART OF YOUR PROPOSAL ARE AS SPECIFIED BELOW.
PAGES IN EXCESS OF THIS LIMITATION WILL BE REMOVED FROM THE PROPOSAL AND WILL NOT BE PROVIDED TO THE REVIEWERS TO BE READ OR EVALUATED.

OFFERORS MUST CERTIFY THAT THE INFORMATION IN THE PAPER AND ELECTRONIC COPIES IS EXACTLY THE SAME.

Document	Number of Copies	Page Limits
Technical Proposal and all Appendices	**PAPER** One (1) unbound SIGNED ORIGINAL. Six (6) unbound COPIES **ELECTRONIC FILES ON CD** Three (3) Compact Disks containing an electronic copy of the Technical Proposal (including all Appendices)	**Not to Exceed 200 pages (inclusive of all Attachments and Appendices)**
Business Proposal	**PAPER** One (1) unbound SIGNED ORIGINAL. Five (5) unbound COPIES **ELECTRONIC FILES ON CD** Three (3) Compact Disks containing an electronic copy of the Business Proposal	N/A
Breakdown of Proposed Estimated Cost using Electronic Cost Proposal EXCEL Workbook	This Attachment to the Business Proposal should be submitted as a separate EXCEL file on the Business Proposal Compact Disk. **See Section J, Attachment entitled Breakdown of Proposed Estimated Costs (plus Fee) with Excel Spreadsheet to access the Excel Workbook.**	N/A

PROPOSAL INTENT RESPONSE SHEET

BAA No.: NIH-BARDA-NIAID-DMID-AI2007003

RFP Title: Advanced Development of Multivalent Filovirus (Ebola and Marburg) Hemorrhagic Fever Vaccines

Please review the attached Broad Agency Announcement. Furnish the information requested below and return this page by **November 19, 2007**. Your expression of intent is not binding but will greatly assist us in planning for proposal evaluation.

[ ] DO INTEND TO SUBMIT A PROPOSAL
[ ] DO NOT INTEND TO SUBMIT A PROPOSAL FOR THE FOLLOWING REASONS:

Company/Institution Name (print): _____
Address (print): _____
_____
_____
_____

Project Director's Name (print): _____
Title (print): _____
Signature/Date: _____
Telephone Number and E-mail Address (print clearly):

_____
_____

***Name of individual to whom electronic proposal instructions should be sent:**

Name: _____
Title: _____
E-Mail Address: _____
Telephone Number: _____

Names of Collaborating Institutions and Investigators (include Subcontractors and Consultants) (print):

_____
_____
_____
_____
(Continue list on a separate page if necessary)

RETURN VIA FAX OR E-MAIL TO:
OA, DEA, NIAID, NIH
6700-B Rockledge Drive, Room 3214, MSC 7612
Bethesda, MD 20892-7612

Attn: Heidi Holley
BAA-NIH-BARDA-NIAID-DMID-AI2007003
FAX# (301) 402-0972
Email: holleyh@niaid.nih.gov

ATTACHMENT 3: BROAD AGENCY ANNOUNCEMENT DESCRIPTION

Biodefense Vaccine Enhancement
BAA NIH-BARDA-NIAID-DMID-AI2007007

BROAD AGENCY ANNOUNCEMENT INFORMATION

You are invited to submit a proposal in accordance with the requirements of this BROAD AGENCY ANNOUNCEMENT (BAA). The BAA is authorized by Federal Acquisition Regulation (FAR) 6.102 and further described in FAR 35.016 as well as the NIH Manual Issuance 6035, Broad Agency Announcements. A BAA is a general announcement of an agency's research interest. The intent of a BAA is to encourage the submission of creative and innovative approaches to specific research areas identified by the Government.

A proposal submitted in response to this BAA must present a detailed technical and cost proposal designed to meet the Research and Technical Objectives described in this announcement. The proposal must be signed by an official authorized to contractually commit the submitting organization.

The Statement of Work, including the specific work requirements and performance specifications, is developed and defined by the Offeror, not the Government.

Proposals are NOT evaluated against a specific Government need, as in the case of a conventional Request for Proposals (RFP), since they are not submitted in accordance with a common Statement of Work issued by the Government. Instead, Research and Technical Objectives are provided in the BAA that describes the research areas in which the Government is interested. Proposals received as a result of the BAA are evaluated by a Scientific Review Group (SRG) in accordance with the Technical Evaluation Criteria specified in the BAA.

An Order of Merit Ranking is established by the Contracting Officer in lieu of a Competitive Range. The competing proposals are ranked on the basis of scientific merit, programmatic balance and the availability of funds. Negotiations are conducted with Offerors selected from the Order of Merit Ranking. During negotiations, there is an opportunity to refine the proposed Statement of Work in consultation with the Project Officer including the incorporation of comments of the SRG, as appropriate. At the conclusion of negotiations with the Offerors selected from the Order of Merit Ranking, those Offerors are allowed the opportunity to submit a Final Proposal Revision (FPR) to address weaknesses in the proposal and questions identified by the SRG.

It is anticipated that multiple awards will result from this announcement, and these awards will be multi-year, cost reimbursement, completion type contracts. The length of time for which funding is requested should be consistent with the nature and complexity of the proposed research. For Part A, contracts will be awarded for a Base Period of three years plus one Option for one additional year, for a maximum period of performance (including the Option) of four years. For Part B, contracts will be awarded for a Base Period of three years plus two, two-year Part B Options, for a maximum period of performance (including all Part B Options) of seven years. It is anticipated that the total cost for each award may vary depending on the scope and capacity of the technical objectives of the award.

ATTACHMENT 4: BACKGROUND AND INTRODUCTION

Biodefense Vaccine Enhancement
BAA NIH-BARDA-NIAID-DMID-AI2007007

Research supported and conducted by the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), Department of Health and Human Services, strives to understand, treat and ultimately prevent the myriad infectious, immunologic, and allergic diseases that threaten millions of human lives. The NIAID Division of Microbiology and Infectious Diseases (DMID) supports extramural research to control and prevent diseases caused by virtually all infectious agents, with the exception of the human immunodeficiency virus (HIV). This includes basic and applied research to develop and evaluate therapeutics, vaccines, and diagnostics, which are funded through a variety of research grants and contracts. The NIAID is also the primary institute at the NIH for emerging infectious disease research, including research on pathogens that can be used as agents of bioterrorism. Bioterrorism is defined as the use of microorganisms or the toxins produced by microorganisms to harm people or to elicit widespread fear and intimidation of society. Recent events have significantly changed the world's perception of the nature and degree of the threats posed by the use of infectious agents as weapons of bioterrorism. The risk of using such weapons once appeared to be restricted to military encounters. However, in October of 2001, the exposure of postal workers, other government employees, and U.S. civilians at large to *Bacillus anthracis* spores highlighted the need to devise safe and effective measures to protect all U.S. citizens from the debilitating and lethal effects of agents of bioterrorism. The NIAID supports a number of basic and applied research efforts to develop countermeasures for microbes identified by the NIAID biodefense research agenda as Category A, B and C Priority Pathogens (http://www3.niaid.nih.gov/Biodefense/bandc_priority.htm).

On December 19, 2006, President George W. Bush signed into law the Pandemic and All-Hazards Preparedness Act (Public Law 109-417), referred to as PAHPA. Title IV of PAHPA established the Biomedical Advanced Research and Development Authority (BARDA) in the Office of the Assistant Secretary for Preparedness and Response (ASPR) in the U.S. Department of Health and Human Services (HHS) to facilitate the research, development, and acquisition of medical countermeasures for chemical, biological, radiological, and nuclear (CBRN) agents and emerging infectious diseases, including pandemic influenza, that threaten the U.S. civilian population. One of the central responsibilities of BARDA is to lead the HHS Public Health Emergency Medical Countermeasures Enterprise (PHEMCE), which provides an integrated approach to the development and purchase of medical countermeasures for public health medical emergencies. The HHS PHEMCE consists of NIH, ASPR, FDA, and CDC, along with ex officio participation from other federal agencies. To guide progress toward the goal of public health preparedness, the HHS PHEMCE Implementation Plan provides insight into the current priorities for medical countermeasure development.

The advanced product development activities supported through this BAA will allow candidate medical countermeasures to progress through the development pipeline toward licensure. The eventual goal is to enable the U. S. Government to stockpile these medical countermeasures to protect the American public. Product developers should be cognizant of the logistical implications of using these products during a public health emergency.

BARDA welcomes the opportunity to partner with NIAID on this Broad Agency Announcement. For additional information on BARDA, the PHEMCE Implementation Plan, and Project BioShield, please visit http://www.hhs.gov/aspr/barda.

A 2002 Institute of Medicine (IOM) report, "The Anthrax Vaccine: Is It Safe? Does It Work?", Strom, B.L., *et al.*, Editors, National Academies Press, 2002 (http://www.iom.edu/CMS/3795/4324.aspx), recommended that research should be pursued and

encouraged to develop other possible anthrax vaccine products that can be produced more consistently and that are less reactogenic than AVA (BioThrax™). Similar efforts are required to develop vaccines for other Category A and B Priority Pathogens to effectively address the bioterrorist threats.

Vaccines offer the most effective method of protecting the public against infectious diseases. New and improved vaccines against bioterrorism must be safe, easy to administer and rapidly produce a protective immune response and/or a transmission blocking immune response. Vaccines must also be safe and efficacious in populations of varying ages and health status. Most currently licensed vaccines require multiple doses to achieve immunity, and each vaccine has unique storage requirements and delivery systems. Delivery of vaccines in response to a significant bioterrorism or public health threat would be greatly enhanced by developing vaccines that have improved product stability and vaccination effectiveness.

OFFERORS MAY SUBMIT PROPOSALS FOR MORE THAN ONE NIAID CATEGORY A OR B PRIORITY PATHOGEN VACCINE CANDIDATE UNDER PART A.

OFFERORS MAY ALSO SUBMIT PROPOSALS FOR A THIRD GENERATION ANTHRAX VACCINE CANDIDATE UNDER PART B

IF OFFERORS ARE SUBMITTING PROPOSALS FOR MORE THAN ONE VACCINE CANDIDATE, SEPARATE TECHNICAL AND BUSINESS PROPOSALS ARE REQUIRED FOR EACH VACCINE CANDIDATE.

Part A encompasses candidate vaccine formulations with demonstrated efficacy for NIAID Category A or B Priority Pathogens. Vaccine candidates eligible for support under Part A shall have, at a minimum, proof of concept data that indicate the candidate vaccine possesses potential for achieving both protective immunity following the administration of 1-2 doses and long-term stability (i.e., 3 years or longer) at temperatures of at least 35^{o}C. Additionally, candidate vaccines shall have proof of concept data that demonstrate the feasibility of attaining a safety profile that meets all existing U.S. Food and Drug Administration (FDA) requirements. Novel formulations/final vaccine presentation and adjuvants other than aluminum may be components of candidate vaccines.

Part B encompasses recombinant protective antigen (rPA)-based third generation anthrax vaccine candidates. Vaccine candidates eligible for support under Part A shall have, at a minimum, proof of concept data that indicate the candidate vaccine possesses potential for achieving both protective immunity following the administration of 1-2 doses and long-term stability (i.e., 3 years or longer) at temperatures of at least 35^{o}C. Additionally, candidate vaccines shall have proof of concept data that demonstrate the feasibility of attaining a safety profile that meets all existing U.S. Food and Drug Administration (FDA) requirements. Novel formulations/final vaccine presentation, new delivery platforms, adjuvants other than aluminum, and inclusion of antigens in addition to rPA may be components of candidate vaccines. A candidate anthrax vaccine is expected to contain, in part, a recombinant protective antigen (rPA) component produced by recombinant technology, as rPA has been shown to be efficacious against B. anthracis spore challenge in animal models and has progressed through a proof-of-concept efficacy study in a relevant spore challenge animal model. The demonstrated production capability for rPA anthrax vaccine candidates shall be greater than 2000 liter (L) cGMP (current Good Manufacturing Process) scale for Bulk Drug Substance (BDS). The rPA component of the Final Drug Product (FDP) will be from the BDS manufactured at 2000L scale or greater.

All proposed vaccine candidates shall incorporate technologies that result in enhanced vaccine stability characteristics and properties desirable for storage in the Strategic National Stockpile (SNS). These desirable properties include long-term stability of 3 years or longer at temperatures of at least 35^{o}C and the ability to generate a protective immune response following the administration of one or two doses.

The NIAID recognizes that product development is an iterative process and that the progress of a candidate/product through the development pathway requires ongoing evaluation to assess and reassess the likelihood of the candidate/product to meet the desired vaccination and stability objectives. The NIAID, therefore, reserves the right to determine, at any time during the contract period, that a particular candidate/product has not demonstrated sufficient potential to merit further investment by the NIAID in the development and evaluation of that candidate/product.

The NIAID reserves the right to modify or delete the milestones, decision points, research plans, process, schedule, budget, or product as the need may arise. Because of the nature of this contract and complexities inherent in this and prior programs, the NIAID will evaluate, at designated milestones, whether work should be redirected, removed, or whether schedule or budget adjustments should be made.

The NIAID is aware that no single organization or institution may have the expertise and facilities required to perform all parts of their Statement of Work. Therefore, it may be necessary for the Contractor to subcontract a portion of the work. The prime Contractor is not limited to a domestic institution or organization, and subcontracting to foreign organizations/institutions is permitted. The Contractor shall be responsible for ALL work performed under this contract including that performed by any subcontractor(s).

NOTE: THIS SOLICITATION PACKAGE HAS BEEN ASSEMBLED INTO TWO SEPARATE SECTIONS:

PART A, "VACCINES FOR NIAID CATEGORY A AND B PRIORITY PATHOGENS"

PART B, "THIRD GENERATION ANTHRAX VACCINES."

EACH SECTION CONTAINS THE FOLLOWING DOCUMENTS:

- **RESEARCH AND TECHNICAL OBJECTIVES**
- **REPORTING REQUIREMENTS and OTHER DELIVERABLES**
- **SECTION M - TECHNICAL EVALUATION FACTORS**
- **ADDITIONAL TECHNICAL PROPOSAL INSTRUCTIONS**

Biodefense Vaccine Enhancement
BAA NIH-BARDA-NIAID-DMID-AI2007007

PART A

VACCINES FOR NIAID CATEGORY A AND B PRIORITY PATHOGENS

Includes:

ATTACHMENT 5: RESEARCH AND TECHNICAL OBJECTIVES (Part A)
ATTACHMENT 6: REPORTING REQUIREMENTS AND OTHER DELIVERABLES (Part A)
ATTACHMENT 7: SECTION M – TECHNICAL EVALUATION FACTORS (Part A)
ATTACHMENT 8: ADDITIONAL TECHNICAL PROPOSAL INSTRUCTIONS (Part A)

ATTACHMENT 5
RESEARCH AND TECHNICAL OBJECTIVES (Part A)

PART A: VACCINES FOR NIAID CATEGORY A AND B PRIORITY PATHOGENS

Biodefense Vaccine Enhancement
BAA NIH-BARDA-NIAID-DMID-AI2007007

RESEARCH and TECHNICAL OBJECTIVES

This section presents the technical objectives that the Government seeks to achieve through this BAA. Proposals should explain how the Offeror will contribute to these overall objectives. Contracts awarded as a result of this BAA will include the Statement of Work proposed by the Offeror and negotiated and accepted by the Government. Offerors are required to provide a Statement of Work for the Base Period and all Options with their proposal (see Attachment 8, "Additional Technical Proposal Instructions", for further information on how to prepare the Statement of Work).

The Research and Technical Objectives of this BAA direct the offeror(s) to attain the goals described for a vaccine development pathway without directing the offeror(s) how to attain these goals. The bounds of the pathway are the FDA regulatory parameters, which are primarily focused on safety and efficacy. The mechanisms to manufacture and to demonstrate product safety and efficacy are to be proposed by the offeror(s).

1) SCOPE:

NOTE: This solicitation will NOT support:

- The development and testing of vaccines for NIAID Category A and B viral hemorrhagic fevers, i.e., vaccines for Ebola, Marburg, Lassa, Machupo, Guanarito, Lymphocytic Choriomeningitis, Rift Valley Fever, Hantavirus, Dengue, and Kyasanur Forest Disease.
- The development of devices for the delivery of vaccines.
- The design and conduct of Phase 3 clinical trials.
- The development of therapeutic vaccines and therapeutic agents.
- The development of new animal models.

A. BASE PERIOD: The purpose of PART A of this solicitation is to fund organizations with demonstrated vaccine product development experience to produce a prophylactic vaccine candidate for a NIAID Category A or B Priority Pathogen (Part A). Candidate vaccines eligible for support must have demonstrated safety and proof of concept efficacy in an animal model. Offerors must propose a well-defined and feasible Product Development Plan for advancing the vaccine candidate to achieve the following objectives and options as specified in the negotiated Statement of Work:

- Development and update of the Product Development Plan for a NIAID Category A or B Priority Pathogen vaccine candidate (Part A), including regulatory, clinical, non-clinical, and manufacturing activities to be undertaken.
- Manufacturing and formulation process development.
- Manufacturing of pilot lot cGMP material.
- Real time and accelerated vaccine stability studies.
- Conduct of non-clinical studies, including all Investigational New Drug (IND)-enabling toxicology and immunogenicity studies.

- Development, qualification and, where necessary, validation of all assays necessary to support product development.
- Rapid immune response with no more than two (2) doses.
- Long-term stability of three (3) years or longer at temperatures of at least 35°C.
- A safety profile that meets all existing U.S. Food and Drug Administration (FDA) requirements.
- Development of a Clinical and Regulatory Development Plan that describes and delineates the plans, procedures and timelines for the overall design of a Phase 1 dose-escalating clinical trial in healthy subjects ages 18 to 40.

B. **PART A OPTION**: Contracts awarded under PART A of this BAA will include one Option that may be exercised at the discretion of the Government. This Option provides support for the submission of an Investigational New Drug (IND) Application to the FDA and for the development and design of the final clinical trial protocol, and conduct, completion and analysis of a Phase 1 clinical trial for contracts awarded to carry out product development activities under Part A for NIAID Category A or B Priority Pathogen vaccine candidates.

C. Offerors may submit proposals for more than one NIAID Category A or B Priority Pathogen vaccine candidate under Part A. **A SEPARATE TECHNICAL AND BUSINESS PROPOSAL IS REQUIRED FOR EACH VACCINE CANDIDATE.**

2) TECHNICAL REQUIREMENTS (BASE PERIOD)

The offeror(s) shall prepare their Technical Proposal to show how they will address the following activities and provide the following resources as appropriate to successful performance of the negotiated Statement of Work:

A. PRODUCT DEVELOPMENT AND IMPLEMENTATION PLANS

1. *Product Development Plan (PDP)*

   a. The PDP for the NIAID Category A or B Priority Pathogen vaccine candidate, which was submitted with the Technical Proposal, shall be updated within thirty (30) calendar days of the effective date of the contract. The updated PDP must be approved by the Project Officer and the Contracting Officer prior to the initiation of any activities related to its execution. In addition, the PDP shall be updated annually and upon a change in any milestone. Annual updates and changes to the PDP must be approved by the Project Officer and the Contracting Officer prior to the initiation of any activities related to its execution. The Contractor shall perform all activities based on defined milestones and timelines as approved by the Project Officer and the Contracting Officer.

   b. Identify proceed or not to proceed (Go/No Go) decision points throughout the period of performance and list the quantitative and qualitative assessment criteria, both scientific and regulatory, for advancing the candidate vaccine past each Go/No Go decision point to the next stage of product development. This shall include Go/No Go decision points for process development and manufacturing, product characterization and release, and conduct of non-clinical studies. This shall also include a detailed timeline in Gantt chart format with predecessor and successor logic, covering the initiation, conduct and completion of each product development task that is linked to direct costs for each product development milestone identified in the PDP.

2. *Implementation Plan*

   The Implementation Plan, which was submitted with the Technical Proposal, shall be updated within thirty calendar (30) days of the effective date of the contract. The updated Implementation Plan must be approved by the Project Officer and Contracting Officer prior to the initiation of any activities related to its execution. The Contractor shall perform all activities based on the approved Implementation Plan.

B. NON-CLINICAL RESEARCH AND DEVELOPMENT

Conduct non-clinical research and development activities in accordance with the negotiated Statement of Work and the approved Product Development Plan, including assay and reagent development to support manufacturing, proof of concept efficacy, IND enabling non-clinical toxicology, and safety studies required to support the development and submission of an IND Application to the FDA. Non-clinical studies must be conducted in compliance with the U.S. Code of Federal Regulations 21 CFR 58 (GOOD LABORATORY PRACTICE FOR NONCLINICAL LABORATORY STUDIES).

C. MANUFACTURE OF cGMP MATERIAL

Provide for manufacturing process and formulation development, including development and engineering runs, and manufacture, formulation and stability testing (accelerated and real-time) of cGMP lot(s) of the candidate vaccine. Minimum target scale is 2000 final container doses/lot. Final container cGMP vaccine shall be suitable for use in a Phase 1 clinical trial, and all manufacturing, release and stability testing shall be conducted in compliance with cGMP as stated in the U.S. Code of Federal Regulations – 21 CFR 58, 210, 211, 820.

D. CLINICAL AND REGULATORY DEVELOPMENT PLAN

Provide a Clinical and Regulatory Development Plan with the Technical Proposal that describes and delineates the plans, procedures and timelines for the overall design of a Phase 1 dose-escalating clinical trial in healthy subjects ages 18 to 40. This Plan shall include the following:

1. a protocol synopsis of the dose-escalating Phase 1 clinical trial; and
2. proposed timelines for protocol development, protocol implementation, study completion and analysis of final study data, and preparation of documentation required for submission and sponsorship of an IND to the FDA.

NOTE: The development and design of the final protocol, and conduct, completion and analysis of a Phase 1 clinical trial are **NOT** part of the three-year base period of performance for Part A, but are included as an Option for Part A.

E. REGULATORY COMPLIANCE, QUALITY ASSURANCE AND DATA MANAGEMENT

Provide for all regulatory compliance, quality assurance, and data management activities necessary to implement the approved Product Development Plan, including:

1. Responsibility for the development and implementation of data management and quality control systems/procedures, including the transmission, storage, confidentiality and retrieval of all study data.
2. Provide for the statistical design and analysis of data resulting from the research undertaken.

3. Provide raw data or specific analyses of data generated with contract funding to the Project Officer.
4. Ensure strict adherence to FDA regulations and guidance, including requirements for the conduct of animal studies and assays under GLP, the manufacturing of the vaccine candidate under cGMP, and maintain quality assurance documentation to support adherence in these areas.
5. Provide documentation of existing Quality Systems Plan that meets GLP standards (21 CFR Part 58), cGMP standards (21CFR Part 211), and FDA Guidance (http://www.fda.gov/cber/gdlns/qualsystem.htm), and allow for continuous improvement. If subcontractors are utilized to perform any of the vaccine product development activities in the negotiated Statement of Work, following contract award, the Contractor shall be required to prepare and execute written Quality Agreements with each subcontractor to be signed by both the Contractor and each subcontractor. The Quality Agreement(s) shall be modified and updated as necessary and the Contractor shall be responsible for ensuring adherence to all terms of the Quality Agreements by all subcontractors throughout the contract period of performance.
6. Perform audits, as needed to evaluate compliance with FDA required cGMP and GLP standards, and submit reports on all such audits to the Project Officer and the Contracting Officer within thirty (30) calendar days of audit completion. In addition, NIAID reserves the right to conduct independent audits of the Contractor and its subcontractors as needed to evaluate compliance with FDA required cGMP, and GLP standards. The Contractor shall ensure that all records and staff are available in response to site visits or study-specific audits by NIAID or its designee.

F. SCIENTIFIC AND TECHNICAL TEAM

The Contractor shall provide and maintain all expertise needed for the implementation of the approved Product Development Plan, including: research, manufacturing, regulatory, clinical, statistical, data management, and overall project management. The Contractor's team must include strong scientific leadership, as well as significant experience and expertise in the management, design and execution of a research and development program focused on vaccine product development, manufacturing, and testing in humans and in animals. The Principal Investigator (PI) shall be responsible for all aspects of project performance and communication with the Project Officer and the Contracting Officer.

G. FACILITIES, EQUIPMENT AND OTHER RESOURCES

The Contractor shall provide the facilities, equipment, space and other resources necessary to implement the approved Product Development Plan in compliance with all Federal and NIH regulations. This includes facilities and resources to conduct work in accordance with the Biosafety in Microbiology and Biomedical Laboratories (BMBL) Guidelines, Centers for Disease Control and Prevention and the National Institutes of Health, fifth Edition http://www.cdc.gov/od/ohs/biosfty/bmbl5/bmbl5toc.htm. Specifically, provide facilities, equipment and other resources for:

1. The scale-up and manufacture of the vaccine candidate FDP, including a manufacturing facility operating in compliance with cGMP and capable of producing ultimately licensable products.
2. The conduct of GLP non-clinical safety, immunogenicity and efficacy testing with appropriate Biosafety Level containment.
3. The care and housing of laboratory animals, including appropriate veterinary coverage, the physical plant housing all animals and laboratories, and required safety procedures.
4. Receipt, shipping, storage, tracking and archiving of clinical and non-clinical samples, samples for stability testing, and storage of critical reagents.

5. All support resources (including Information Technology systems) that will be required to effectively complete the approved Product Development Plan.

H. BIOCONTAINMENT SAFETY AND TRAINING

The Contractor shall provide:

1. Protective garments, equipment and monitoring to assure safe handling of potentially hazardous microorganisms and toxins for all personnel involved.
2. Where applicable, ensure the conduct of work in accordance with DHHS regulations regarding the transfer of Select Agents (U.S. Code of Federal Regulations 42 C.F.R. Part 73, 7 C.F.R. Part 331, and 9 C.F.R. Part 121 (http://www.cdc.gov/od/sap/).
3. Where applicable, ensure the conduct of work in compliance with the Federal Guidelines For Research Involving Recombinant DNA molecules (http://www4.od.nih.gov/oba/rac/guidelines/guidelines.html).
4. Training for all personnel involved in the operation of and in conducting work in BSL 2 and BSL 3 biocontainment facilities with respect to the safe handling of potentially hazardous microorganisms, toxins, and Select Agents, and in the safe handling of recombinant DNA molecules.

I. PROJECT MANAGEMENT

The Contractor shall provide for:

1. *Project Management*

    a. The overall management, integration and coordination of all contract activities, including a technical and administrative infrastructure to ensure the efficient planning, initiation, implementation, direction, management and completion of all contract activities.
    b. Effective communication with the Project Officer and the Contracting Officer including bi-weekly teleconferences with the Project Officer to discuss technical aspects of ongoing activities, anticipated problems or obstacles, proposed approaches to resolve problems and overcome obstacles, and future plans.
    c. A Principal Investigator with responsibility for overall project management and communications, tracking, monitoring and reporting on project status and progress, and recommending modifications to project requirements and timelines, including projects undertaken by subcontractors.
    d. A Project Manager with responsibility for monitoring and tracking day-to-day progress and timelines, coordinating communication, project activities and costs incurred.

2. *Intellectual Property*: The Contractor shall be solely responsible for the timely acquisition of all appropriate proprietary rights, including intellectual property rights, and all materials needed to perform the project. Before, during, and subsequent to the award, the U.S. Government is not required to obtain for the Contractor any proprietary rights, including intellectual property rights, or any materials needed by the Contractor to perform the project. The Contractor is required to report to the U.S. Government all inventions made in the performance of the project, as specified at FAR 52.227-11 (Bayh-Dole Act).

3. *Reports and Deliverables*: The Contractor shall prepare and provide all reports and other deliverables listed in Attachment 6, “Reporting Requirements and Other Deliverables (Part A)” as they relate to the Contractor’s specific Statement of Work. The

relevant reports and deliverables will be agreed upon by the Government and the Contractor during negotiations.

J. CONTRACT REVIEW MEETINGS

1. *Post-Award Contract Initiation Meeting*:

   a. Within thirty (30) calendar days of the effective date of the contract, the Contractor shall plan, conduct and be responsible for the logistical arrangements for a 1.5-day Post-award Contract Initiation Meeting to be held in the Bethesda, Maryland area.
   b. The Principal Investigator, Project Manager, all key investigators, key subcontractor personnel, Project Officer, other NIAID and BARDA (if applicable) staff designated by the Project Officer, and the Contracting Officer shall attend this meeting.
   c. The purpose of this meeting shall be to review the Product Development Plan and to coordinate activities and communication.
   d. The Principal Investigator shall provide slide presentations and a detailed summary of meeting discussions to the Project Officer and the Contracting Officer within twenty-one (21) calendar days following the date of the meeting.

2. *Annual Review Meetings*

   a. The Contractor, in consultation with the Project Officer, shall plan, organize and conduct 2-day Annual Review Meetings to be held at the twelve (12) month mark of each contract year at locations that will alternate between the Contractor's site and the Bethesda, Maryland area.
   b. The Principal Investigator, Project Manager, all key investigators, and key Contractor and subcontractor personnel shall attend these meetings, and the agenda shall be prepared by the Project Officer in consultation with the Principal Investigator.
   c. Annual Review Meetings shall be closed to the public and shall involve oral and electronic presentations to provide:

      1) Updates on the status of efforts for each milestone since the prior meeting.
      2) A description of any problem(s) that may have arisen and actions taken or recommended to resolve identified problems.
      3) A discussion of future plans for each milestone.

   d. The Principal Investigator shall prepare and submit written summaries of the Annual Review Meetings to the Contracting Officer and the Project Officer within twenty-one (21) calendar days after completion of each meeting.

3. *Additional Contract Meetings*

   a. The Principal Investigator, Project Manager, and Contractor and subcontractor personnel shall attend at least two additional 1-day meetings per year at locations that will alternate between the Contractor's site and the Bethesda, Maryland area at the request of the Project Officer, as necessary, to discuss contract specific issues and to review recommended changes or deviations from milestones and timelines in the approved Product Development Plan.
   b. The Principal Investigator shall prepare and submit written summaries of the Additional Contract Meetings to the Contracting Officer and Project Officer within twenty-one (21) calendar days after completion of each meeting.

K. PUBLICATION AND PRESENTATION OF CONTRACT-GENERATED DATA AND MATERIALS

1. Any manuscript, scientific meeting abstract, or oral presentation containing data generated under the contract shall be submitted to the Project Officer for review prior to submission for publication or public presentation.

2. Manuscripts shall be submitted no less than thirty (30) calendar days in advance of submission; abstracts and oral presentations shall be submitted no less than ten (10) calendar days in advance of presentation.

3. The Project Officer will review all manuscripts and abstracts in a period of time not to exceed thirty (30) calendar days from receipt for manuscripts and fifteen (15) calendar days from receipt for abstracts and oral presentations, and recommend changes. If the Project Officer does not provide comments within these timelines, the Contractor may proceed with public presentation, publication, or release. NIAID contract support and the contract number shall be acknowledged in all such publications and presentations.

4. The Government, through the Project Officer, shall have access to, and shall be provided in electronic format upon request, all protocols, procedures, SOPs, and data generated from the research and development activities supported under this contract.

[END OF PART A TECHNICAL REQUIREMENTS - BASE PERIOD]

L. TECHNICAL REQUIREMENTS (PART A OPTION)

In addition to the above functions and services to be provided for the Base Period, one Part A Option for additional services under the contract may be exercised at the discretion of the Government.

Statement of Work for Option: Offerors are required to provide a Statement of Work for this Option with their Technical Proposal (see Attachment 8, "Additional Technical Proposal Instructions", for further information on how to prepare the Statements of Work for the Option).

Period of Performance for Option: This Option may be undertaken concurrently with the Base Period.

PART A OPTION

DESIGN AND CONDUCT OF A PHASE 1 CLINICAL TRIAL, AND IND PREPARATION, SUBMISSION AND SPONSORSHIP

TECHNICAL REQUIREMENTS: Under this Part A Option, based on the Clinical and Regulatory Development Plan submitted during the Base Period, the Contractor shall develop and design a final protocol, and conduct, complete, and analyze a Phase 1 dose-escalating clinical trial in healthy subjects ages 18 to 40; prepare all documentation required for and submit an IND Application to the FDA for the candidate vaccine; and serve as the IND sponsor. If this Option is exercised, the Contractor shall carry out the tasks and responsibilities delineated below for a one-year period of performance. The Contractor shall undertake activities under the Part A Option based on Project Officer approval of timelines, plans and procedures. Review of the clinical protocol by the appropriate NIAID review committee and approval by the Project Officer are required prior to filing of the IND and prior to participant enrollment.

The Contractor shall be required to perform the following activities and provide the following resources as appropriate to the scope of the negotiated Statement of Work for the Part A Option.

A. Clinical and Regulatory Development Plan

1. Within thirty (30) calendar days of the exercise of Part A Option, submit an updated Clinical and Regulatory Development Plan that describes the plans, procedures and timelines for the development and design of the final protocol, protocol implementation, study completion and analysis of final study data, preparation of documentation required for submission and sponsorship of an IND to the FDA, and conduct, completion and analysis of a Phase 1 dose-escalating clinical trial within twelve (12) months from the exercise of the option. The updated plan shall also include:

   - a plan for the collection, management and quality control of all study data;
   - a statistical analysis plan; and
   - a safety monitoring plan.

2. The updated Clinical and Regulatory Development Plan must be approved by the Project Officer and Contracting Officer prior to the initiation of any activities related to its execution. The Contractor shall perform all activities based on the approved Implementation Plan.

B. Phase 1 Clinical Trial Protocol Development and Implementation

1. *Clinical Protocol Development and Clinical Trial Conduct*: Conduct, complete and analyze final study data from a dose-escalating Phase 1 clinical trial of the candidate FDP in healthy subjects ages 18 to 40 within 12 months of exercise of this Part A Option in compliance with all Federal guidelines, Good Clinical Practice (GCP) guidelines as defined by 21 CFR 50, 312 and ICH Guidelines document E6 (http://www.pharmacontract.ch/support/su_ich_liste.htm), and DMID, NIAID, NIH policies and guidelines. This shall include the following tasks and responsibilities:

   a. Develop the final protocol and have ultimate responsibility for the conduct of the clinical trial and adherence to Federal regulations and the DMID, NIAID, NIH policies and guidelines for the conduct of research involving human subjects. Copies of

Department of Health and Human Services (DHHS) regulations for the protection of human subjects, 45 CFR Part 46, are available from the Office for Human Research Protections (OHRP), Office of the Secretary (OS), DHHS at: (http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm). DMID policies, guidelines, templates and other important information regarding performing human subjects research are available at: (http://www3.niaid.nih.gov/research/resources/DMIDClinRsrch/).

b. It is required that the information contained in the DMID Serious Adverse Event (SAE) Report Form be included in the Contractor's SAE Report Form, and it is recommended that the Contractor use the DMID SAE Report Form located at: (http://www3.niaid.nih.gov/research/resources/DMIDClinRsrch/). SAE Reports must be submitted to the DMID Office of Clinical Research Affairs, according to the Clinical Terms of Award (see below).

2. *Clinical Trial Monitoring*: Develop and implement a Clinical Trial Monitoring Plan as part of the final protocol in accordance with the following requirements:

a. Comply with all Federal and NIAID Clinical Terms of Award: http://www.niaid.nih.gov/ncn/pdf/clinterm.pdf.

b. Submit the final protocol, protocol amendments and supporting documentation (e.g., investigators brochure, informed consent form, Manual of Procedures, clinical data collection, management and quality control plan, site assessments, site activation plan, site quality management plan, clinical monitoring plan and local Institutional Review Board approval prior to study initiation) to the Project Officer for review and approval by the appropriate NIAID review committee (**Note**: The Clinical Trial Monitoring Plan is part of the DMID protocol template and is also subject to approval by the Project Officer).

3. *IND Preparation, Submission and Sponsorship*:

a. Prepare all documentation required for and submit an IND Application to the FDA for a Phase 1 dose escalating clinical trial of the candidate vaccine in healthy subjects ages 18 to 40.

b. Serve as the IND sponsor with responsibility for:
   1) preparing materials for and requesting, scheduling and participating in all meetings and teleconferences with the FDA, including meetings and teleconferences to review the IND pre- and post-submission;
   2) preparing and submitting to the FDA all documentation and reports necessary to comply with regulatory requirements in a timely manner, consistent with timelines set out in the approved Clinical and Regulatory Development Plan and by the FDA;
   3) including NIAID staff, as designated by the Project Officer, in meetings and teleconferences with the FDA; and
   4) providing the Project Officer copies of all FDA correspondence and meeting/teleconference minutes that are relevant to the candidate vaccine.

[END OF TECHNICAL REQUIREMENTS - PART A OPTION]

ATTACHMENT 6
REPORTING REQUIREMENTS AND OTHER DELIVERABLES (Part A)

PART A: VACCINES FOR NIAID CATEGORY A AND B PRIORITY PATHOGENS

Biodefense Vaccine Enhancement
BAA NIH-BARDA-NIAID-DMID-AI2007007

ARTICLE C.2. REPORTING REQUIREMENTS

All reports required herein shall be submitted in electronic format. In addition, one (1) hard copy of each report shall be submitted to the Project Officer and Contracting Officer, unless otherwise specified. The reports included in this Article are applicable to the Base contract and, if executed, will also apply to the Part A Option.

a. **Technical Reports**

In addition to those reports required by the other terms of this contract, the Contractor shall prepare and submit the following reports in the manner stated below and in accordance with the DELIVERIES ARTICLE in SECTION F.

The Contractor shall submit to the Contracting Officer and to the Project Officer technical progress reports covering the work accomplished during each reporting period. These reports are subject to technical inspection and requests for clarification by the Project Officer. These reports shall be brief and factual and prepared in accordance with the format described below.

Format of Cover Page: All reports shall include a cover page prepared in accordance with the following format:

- Contract Number and Project Title
- Title of Report
- Period of Performance Being Reported
- Contractor's Name and Address
- Author(s)
- Date of Submission
- Delivery Address

1) **Monthly Progress Report**

The Monthly Progress Report shall include a description of the activities during the reporting period, and the activities planned for the ensuing reporting period. The first reporting period consists of the first full month of performance plus any fractional part of the initial month. Thereafter, the reporting period shall consist of each calendar month. A Monthly Progress Report shall not be required when an Annual Progress Report or the Final Report is due.

Section A – An introduction covering the purpose and scope of the contract effort.

Section B – The Monthly Progress Report shall describe the results of work performed during the reporting period for each milestone and key objective in the approved Product Development Plan. For each milestone, include a summary of accomplishments in sufficient

detail to explain comprehensively the results achieved, and a summary of any technical issues/problems encountered during the reporting period. The description shall include pertinent data and/or graphs in sufficient detail to explain any significant results achieved, preliminary conclusions resulting from analysis, and scientific evaluation of data accumulated to date under the project for each milestone. The current status of each milestone and sub-task shall be displayed on an updated Gantt chart as a component of the Monthly Progress Report. In addition, requests and approvals to conduct human trials, and Inclusion Enrollment Report forms, when appropriate, shall be included. Preprints and reprints of papers, abstracts, and slides used in oral presentations shall also be submitted with the Monthly Progress Report.

Section C - *Substantive performance*: Describe current technical or substantive performance. Explain any differences between planned progress and actual progress, reasons for differences that have occurred, and, if behind schedule, proposed corrective actions to be taken. Address any problems encountered during the reporting period; describe the effect of problems encountered on the project, schedule and or budget; identify proposed solutions or actions taken to resolve problems; and provide a summary of actions or recommendations to alleviate the reoccurrence of the problems.

Section D - Estimated and actual total costs incurred shall be provided for each milestone and task performed during the reporting period. Costs shall be reported by a breakdown of Direct Labor, Direct Materials, Subcontracts, Consultants, Travel, etc.

2) **Annual Progress Report**

The Annual Progress Report shall include a summation of the results of the entire contract work for the period covered. The first report is due twelve (12) months after the effective date of contract, and, then annually 30 days after each anniversary date of the contract. An Annual Progress Report will not be required for the period when the Final Report is due.

Section A – An introduction covering the purpose and scope of the contract effort.

Section B – Describe the results of work accomplished during the reporting period in relation to the approved Product Development Plan and each key objective and milestone. For each milestone, include a summary of accomplishments in sufficient detail to explain comprehensively the results achieved, and a summary of technical issues/problems encountered for the reporting period. The description shall include pertinent data and/or graphs in sufficient detail to explain any significant results achieved, preliminary conclusions resulting from analysis, and scientific evaluation of data accumulated to date under the project for each milestone. The current status of each milestone and sub-task shall be displayed on an updated Gantt chart as a component of the Annual Progress Report. In addition, requests and approvals to conduct human trials, and Inclusion Enrollment Report forms, when appropriate, shall be included.

Section C - *Substantive performance*: Describe current technical or substantive performance, any problems encountered, and corrective actions taken or proposed. Explain any differences between planned progress and actual progress, reasons for differences that have occurred, and corrective actions taken or proposed. Provide a summary of work proposed for the next year period. Submit copies of manuscripts (published and unpublished), abstracts, and any protocols or methods developed specifically under the contract during the reporting period. Include a summary of any inventions developed during the course of the contract.

Section D - Estimated and actual total costs incurred shall be provided for each milestone and task performed during the reporting period. Costs shall be reported by a breakdown of Direct Labor, Direct Materials, Subcontracts, Consultants, Travel, etc.

3) **Annual Technical Progress Report for Clinical Research Study Populations**

The Contractor shall submit information about the inclusion of women and members of minority groups and their subpopulations for each study being performed under this contract. The Contractor shall submit this information in the format indicated in the attachment entitled, "Inclusion Enrollment Report," which is set forth in Section J of the contract. The Contractor also shall use this format, modified to indicate that it is a final report, for reporting purposes in the Final Report.

The Contractor shall submit the report in accordance with DELIVERIES Article in SECTION F of the contract.

In addition, the NIH Policy and Guidelines on the Inclusion of Women and Minorities as Subjects in Clinical Research, Amended October, 2001, applies. If this contract is for Phase 3 clinical trials, see II.B of these guidelines. The Guidelines may be found at the following website:
http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm.

Include a description of the plans to conduct analyses, as appropriate, by sex/gender and/or racial/ethnic groups in the clinical trial protocol as approved by the IRB, and provide a description of the progress in the conduct of these analyses, as appropriate, in the Annual Progress Report and the Final Report. If the analysis reveals no subset differences, a brief statement to that effect, indicating the subsets analyzed, will suffice. The Government strongly encourages inclusion of the results of subset analysis in all publication submissions. In the final report, the Contractor shall include all final analyses of the data on sex/gender and race/ethnicity.

4) **Draft Final Report**

The Contractor shall provide the Project Officer with two (2) copies of the Final Report in draft form ninety (90) calendar days prior to the completion date of the contract. The Final Report shall contain an executive summary for activities performed under the contract. The format described for the Monthly Progress Report shall be used for the Final Report. The Project Officer will review the Draft Final Report and provide the Contractor with comments within fifteen (15) calendar days after receipt. The Final Report shall be corrected by the Contractor, if necessary.

5) **Final Report**

The Final Report shall include a summation of the work performed and results obtained for the entire contract period of performance. This report shall be in sufficient detail to describe comprehensively the methods used and the results achieved, shall use the format for the Monthly Progress Report, and shall also contain an executive summary for activities performed under the contract. Preprints and reprints not submitted previously shall be submitted as an appendix. The Final Report shall be submitted in accordance with the DELIVERIES Article in SECTION F of the contract.

6) **Summary of Salient Results**

The Contractor shall submit, with the Final Report, a summary (not to exceed 200 words) of salient results achieved during the performance of the contract.

b. **Other Reports and Deliverables**

In addition to the above reports, the following are considered other reports and deliverables under this contract and are identified in the Statement of work. A listing is included in the DELIVERIES Article in SECTION F. Reporting requirement and deliverables for Part A Option will be determined at the time the Option is exercised.

☒ **Human Subjects IRB Annual Report** (Form OMB No. 0990-0263-formerly Optional Form 310)

☒ **Invention Report Requirement** Use when Patent Rights (FAR 52.227-11 or 52.227-13) may be included in the contract.

☒ **Source Code and Object Code** Use when software is used, produced, modified or enhanced

Unless otherwise specified herein, the Contractor shall deliver to the Government, upon the expiration date of the contract, all source code and object code developed, modified, and/or enhanced under this contract.

1) **Product Development Plan**

Within thirty (30) calendar days of the effective date of the contract and prior to initiation of product development activities, the Contractor shall submit to the Project Officer and Contracting Officer an updated Product Development Plan to accomplish the product development activities detailed in the negotiated Statement of Work. The Product Development Plan shall include:

a) clearly defined goals for each proposed stage of product development where “Go/No Go” decision points have been identified;
b) quantitative and qualitative criteria for assessing the scientific merit and feasibility of moving to the next stage of product development;
c) a detailed timeline with subtask, predecessor and successor logic for each milestone covering the initiation, conduct and completion of product development tasks; and
d) a budget listing a breakdown of direct costs linked to each milestone, task and subtask.

2) **Implementation Plan**

Within thirty (30) calendar days of the effective date of the contract and prior to initiation of product development activities the Contractor shall submit to the Project Officer and Contracting Officer an updated Implementation Plan to accomplish the product development activities detailed in the negotiated Statement of Work. The Implementation Plan shall contain a detailed discussion of the proposed technical approach for each activity to be performed to achieve project objectives in sufficient detail to explain and justify fully the scientific/technical rationale for the proposed approaches and/or methodologies and reflecting a clear understanding of the scope and nature of the work to be carried out.

3) **Product Development Reports**

The Contractor shall provide all Product Development Reports that document compliance with the requirements of cGMP and product characterization and release testing in compliance with GLP, including Batch Records, Assay Protocols, Certificate of Analysis, Stability Reports, Shipping Validation Reports, Draft Animal Efficacy Study Protocols/Reports, Final Animal Efficacy Study Protocols/Reports, Non-clinical Data and Chemistry, Manufacturing and Controls (CMC) information, and all raw data and statistical analyses to the Project Officer and the NIAID Regulatory Affairs designee.

4) **Non-Clinical Study Protocols and Reports**

The Contractor shall provide to the Project Officer and to the NIAID Regulatory Affairs designee Draft and Final Non-Clinical Study Protocols and Reports, including associated Standard Operating Procedures (SOPs) and procedures necessary to support the development and submission of IND applications to the FDA.

5) **Audit Reports**

The Contractor shall provide audit reports of all audits as needed to evaluate compliance with FDA required cGMP and GLP standards relating to this contract that are conducted either by the Contractor or the FDA to the Project Officer, Contracting Officer, and NIAID Regulatory Affairs designee within thirty (30) calendar days of the completion of the audit.

6) **Contract Initiation, Annual Contract Review Meetings, and Additional Contract Meetings Reports**

Reports of the Contract Initiation Meeting, the Annual Contract Review Meetings, and the Additional Contract Meetings shall be prepared and submitted by the Contractor to the Project Officer and Contracting Officer within twenty-one (21) calendar days following the meeting. These reports shall include a list of attendees, summaries of discussions, and copies of all meeting materials.

7) **Publications and Presentation Materials**

The Contractor shall provide manuscripts, scientific meeting abstracts, and oral presentations containing data generated under this contract to the Project Officer for review prior to submission for publication or public presentation.

a) Manuscripts shall be submitted no less than thirty (30) calendar days in advance of submission.

b) Abstracts and oral presentations shall be submitted no less than ten (10) calendar days in advance of presentation.

8) **Clinical and Regulatory Development Plan**

Within thirty (30) calendar days of the exercise of Part A Option and prior to initiation of associated activities, the Contractor shall submit an updated Clinical and Regulatory Development Plan to the Project Officer, the Contracting Officer, and the NIAID Regulatory Affairs designee, which describes the plans, procedures and timelines for the development and design of a final protocol, for conduct, completion, and analysis of a Phase 1 dose-escalating clinical trial, and for the preparation of documentation required for submission and sponsorship of an IND to the FDA.

9) **Serious Adverse Events Reports**

The Contractor shall submit Serious Adverse Events (SAE) Reports to the Project Officer and to the NIAID Regulatory Affairs designee according to the NIAID Clinical Terms of Award (http://www.niaid.nih.gov/ncn/pdf/clinterm.pdf).

10) **Clinical Trial Monitoring Plan and Clinical Trial Protocols**

The NIAID has a responsibility to ensure that mechanisms and procedures are in place to protect the safety of participants in NIAID-funded clinical trials. Therefore, as described in the NIAID Clinical Terms of Award (http://www.niaid.nih.gov/ncn/pdf/clinterm.pdf), the Contractor shall develop a protocol for each clinical trial and submit all protocols and protocol amendments for approval by the Project Officer. Protocols must be submitted using the approved DMID template and include a sample Informed Consent and Clinical Trials Monitoring Plan. The DMID templates and other important information regarding performing human subjects research are available at http://www3.niaid.nih.gov/research/resources/DMIDClinRsrch//.

11) **FDA Correspondence and Meeting Summaries**

The Project Officer and Project Officer's designees shall be granted permission by the Contractor to be an observer at all FDA meetings and teleconferences related to any activities being performed as part of this contract, including work performed by subcontractors and collaborators. The Contractor shall provide copies of all correspondence relating to this contract sent to and received from the FDA and shall provide minutes of meetings held with the FDA within five (5) calendar days of the meeting date to the Project Officer and the NIAID Regulatory Affairs designee.

12) **Final Clinical Study Report**

The Final Clinical Study Report shall follow the ICH guidelines on Structure and Content of Clinical Study Reports E3 (http://www.pharmacontract.ch/support/su_ich_liste.htm). Final Clinical Study Reports shall be provided within thirty (30) calendar days of the completion of the analysis of all clinical trial data to the Project Officer and the NIAID Regulatory Affairs designee.

SECTION D – PACKAGING, MARKING, AND SHIPPING

☒ Temperature controlled environment is required
☐ Shipments will be time sensitive/time critical
☒ International shipping will apply
☐ Shipping insurance is required
☐ Hazardous Materials shipping is applicable
☐ Other (list as necessary) _____

ARTICLE F.2. - DELIVERIES

Satisfactory performance of the final contract shall be deemed to occur upon performance of the work described in the STATEMENT OF WORK Article in SECTION C of this contract and upon delivery and acceptance by the Contracting Officer, or the duly authorized representative, of the following items in accordance with the stated delivery schedule. The reports included in this Article are applicable to the Base contract and, if executed, will also apply to the Part A Option.

The items specified below as described in the REPORTING REQUIREMENTS Article in SECTION C of this contract. will be required to be delivered F.o.b. Destination as set forth in FAR 52.247-35, F.o.b. DESTINATION, WITHIN CONSIGNEES PREMISES (APRIL 1984), and in accordance with and by the date(s) specified below [and any specifications stated in SECTION D, PACKAGING, MARKING AND SHIPPING, of this contract]:

a. Technical Progress Reports for Part A

Item	Reports	Recipients	**Delivery Schedule**
1.	Monthly Progress Report	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	The first report is due on/before _____. Thereafter, each report is due on/before the 15th of the month following each reporting period. Monthly Progress Reports are not required when an Annual Progress Report or Final Report is due.
2.	Annual Progress Report	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	The first report is due on/before _____. Thereafter, each report is due on/before the 30th of the month following each anniversary date of the contract. An Annual Progress Report is not due when a Final Report is due.
3.	Annual Technical Progress Report for Clinical Research Study Populations	1 hard copy to PO 1 original to CO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO, CO, and NIAID Regulatory Affairs designee	The first report is due on/before _____. Thereafter, each report is due on/before the 30th of the month following each anniversary date of the contract.
4.	DRAFT Final Report	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	Due 90 calendar days prior to the completion date of the contract. Project Officer's comments due to the Contractor within 15 calendars days after receipt.
5.	Final Report and Summary of Salient Results	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	Due on/before the completion date of the contract.

b. Other Reports and Deliverables (Delivery Schedule)

Item	Deliverables	Reference	Recipient	Delivery Schedule
1.	Product Development Plan	*Attachment 5, paragraph 2)A.1.* *Attachment 6., paragraph b.1)*	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	The initial plan is due 30 calendar days following the effective date of the contract and prior to the initiation of any product development activities. Thereafter, submit annually on/before the 30th of the month following each anniversary date of the contract and following any milestone change or deviation.
2.	Implementation Plan	*Attachment 5, paragraph 2)A.2.* *Attachment 6., paragraph b.2)*	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	The initial plan is due 30 calendar days following the effective date of the contract and prior to the initiation of any activities related to its execution. Thereafter, submit annually on/before the 30th of the month following each anniversary date of the contract and following any milestone change or deviation.
3.	Publications and Presentations	*Attachment 5, paragraph 2)K.2.*	1 hard copy to PO 1 electronic copy to PO	For manuscripts, within 30 calendar days in advance of submission. For abstracts and oral presentations, within 10 calendar days in advance of presentation.
4.	Product Development Report Batch Records	*Attachment 6., paragraph b.3)*	1 hard copy to PO	As negotiated.
5.	Product Development Report Assay Protocols	*Attachment 6., paragraph b.3)*	1 hard copy to PO	As negotiated.
6.	Product Development Report Certificate of Analysis	*Attachment 6., paragraph b.3)*	1 hard copy to PO	As negotiated.
7.	Product Development Report, Stability Reports	*Attachment 6., paragraph b.3)*	1 hard copy to PO 1 electronic copy to PO	As negotiated.
8.	Product Development Report Shipping Validation Reports	*Attachment 6., paragraph b.3)*	1 hard copy to PO 1 electronic copy to PO	As negotiated.

Item	Deliverables	Reference	Recipient	Delivery Schedule
9.	Product Development Report Draft Animal Efficacy Study Protocols/Reports	*Attachment 6., paragraph b.3)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As negotiated.
10.	Product Development Report Final Animal Efficacy Study Protocols/Reports	*Attachment 6., paragraph b.3)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As negotiated.
11.	Non-clinical Data and Chemistry, Manufacturing and Controls (CMC) information	*Attachment 6., paragraph b.3)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As negotiated.
12.	Raw data and/or specific analyses of data	*Attachment 6., paragraph b.3)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As negotiated.
13.	Draft Non-clinical Study Protocols/Reports	*Attachment 6., paragraph b.4)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As negotiated.
14.	Final Non-clinical Study Protocols/Reports	*Attachment 6., paragraph b.4)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As negotiated.

Item	Deliverables	Reference	Recipient	Delivery Schedule
15.	Quality Systems Agreements	*Attachment 5, paragraph 2)E.5.*	1 hard copy to PO 1 electronic copy to PO	Within 30 calendar days of the effective date of the subcontract and prior to initiation of any product development activities.
16.	Audit Reports: As needed to evaluate compliance with FDA required cGMP and GLP standards Applicable to Base Period and any Options.	*Attachment 5, paragraph 2)E.6.* *Attachment 6., paragraph b.5)*	1 hard copy to PO 1 hard copy to CO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO, CO, and NIAID Regulatory Affairs designee	Within 30 calendar days of each audit.
17.	Contract Initiation Meeting, Annual Contract Review Meetings, and Additional Contract Meetings Reports	*Attachment 5, paragraph 2)J.* *Attachment 6., paragraph b.6)*	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	Within 21 calendar days of each meeting.
18.	Publications and Presentations	*Attachment 5, paragraph 2)K.* *Attachment 6., paragraph b.7)*	1 hard copy to PO 1 electronic to PO	For manuscripts, within 30 calendar days in advance of submission. For abstracts and oral presentations, within 10 calendar days in advance of presentation.
19.	Clinical and Regulatory Development Plan	*Attachment 5., paragraph 2)L., Option* *Attachment 6., paragraph b.8)*	1 hard copy to PO 1 hard copy to CO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO, CO, and NIAID Regulatory Affairs designee	Within 30 calendar days of exercise of Option.
20.	SAE Reports	*Attachment 5., paragraph 2)L., Part A Option, paragraph B.1.b.* *Attachment 6., paragraph b.9)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As per NIAID's Clinical Terms of Award.
21.	Clinical Trial Monitoring Plan, and Clinical Trial Protocols	*Attachment 5., paragraph 2)L., Part A Option, paragraph B.2.* *Attachment 6., paragraph b.10)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As per NIAID's Clinical Terms of Award.

Item	Deliverables	Reference	Recipient	Delivery Schedule
22.	FDA Correspondence and Meeting Summaries	*Attachment 5., paragraph 2)L., Part A Option, paragraph B.3.b.1.* *Attachment 6., paragraph b.11)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	Within 5 calendar days of each meeting.
23.	Final Clinical Study Report	*Attachment 6., paragraph b.12)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	Within 30 calendar days of the completion of the analysis of all clinical trial data.
24.	Annual Utilization Report	*See Article C.3.*	1 hard copy to CO	Due on/before the 30th of the month following the anniversary date of the contract.
25.	Final Invention Statement	*See Article C.3.*	1 hard copy to CO	Due on/before completion date of the contract.
26.	All reports and Documentation including the invention disclosure report, the confirmatory license, and the government support certification	*See Article C.3.*	1 hard copy to OPERA	As required by FAR Clause 52.227-11.

c. Copies of reports shall be sent to the following addresses:

Project Officer

National Institutes of Health, DHHS
National Institute of Allergy and Infectious Diseases
Division of Microbiology and Infectious Diseases (DMID)
6610 Rockledge Drive, Room xxxx, MSC 6640
Bethesda, MD 20892-6640
(Room Number and e-mail address provided at time of award)

NIAID Contracting Officer

National Institutes of Health, DHHS
National Institute of Allergy and Infectious Diseases
Division of Extramural Activities, OA
6700-B Rockledge Drive, Room 3214, MSC 7612
Bethesda, MD 20892-7612
(email address provided at contract award)

OPERA

National Institutes of Health
Office of Policy for Extramural Research Administration
(OPERA)
Extramural Inventions and Technology Resources Branch
6705 Rockledge Drive, Room 1040-A, MSC 7980
Bethesda, MD 20892-7980

ATTACHMENT 7
SECTION M –EVALUATION FACTORS FOR AWARD (Part A)

PART A: VACCINES FOR NIAID CATEGORY A AND B PRIORITY PATHOGENS

Biodefense Vaccine Enhancement
BAA NIH-BARDA-NIAID-DMID-AI2007007

1) GENERAL

Selection of an Offeror for contract award will be based on an evaluation of proposals against three factors. The factors in the order of importance are: technical, cost, and Small Disadvantaged Business (SDB) participation. Although technical factors are of paramount consideration in the award of the contract, cost/price, and SDB participation are also important to the overall contract award decision. All evaluation factors other than cost or price, when combined, are significantly more important than cost or price. In any case, the Government reserves the right to make an award(s) to that Offeror whose proposal provides the best overall value to the Government.

In addition, because of the uncertainty in candidate vaccine efficacy, the need to maintain a balanced portfolio of different vaccine modalities in order to meet NIAID's commitment to vaccine development is critical and will be considered in making awards. Overlap with funding made through other DMID and BARDA funding mechanisms will also be considered as a factor in achieving programmatic balance. Thus, the Government reserves the right to make awards to cover significantly different novel vaccine concepts as a mechanism to achieve programmatic balance.

All technical proposals submitted in response to this solicitation will undergo evaluation by a peer review group also known as a Scientific Review Group (SRG). NIAID reserves the right to convene multiple SRGs to evaluate proposals. Proposals submitted in response to Part A and/or Part B of this BAA may be evaluated independently and a separate order of merit ranking will be established for each part.

The final stage of the evaluation is the establishment of an Order of Merit Ranking in which all competing proposals are ranked on the basis of their respective relevance and scientific merit evaluations. Final selection of awards will depend upon the availability of funds, scientific priority, and programmatic balance that the NIAID and BARDA determine to exist at the time of award selection.

The estimated cost of an offer must be reasonable for the tasks to be performed, and, in accordance with FAR 15.305, will be subject to a cost realism analysis by the Government.

Offerors must demonstrate in their proposals that they have the necessary expertise and capabilities for conducting the research as requested by this solicitation. The evaluation will be based on the demonstrated capabilities of the Offerors in relation to the needs of the project as set forth in the BAA. The merits of each proposal will be evaluated carefully. Each proposal must document the feasibility of successful implementation of the requirements and objectives of the BAA. Offerors must submit information sufficient to evaluate their proposals based on the detailed criteria listed below.

2) **EVALUATION OF OPTIONS**

It is anticipated that any contract(s) awarded from this solicitation will contain option provision(s) and period(s).

In accordance with FAR Clause 52.217-5, Evaluation of Options, (July 1990), the Government will evaluate offers for award purposes by adding the total price for all options to the total price for the basic requirement, except when it is determined in accordance with FAR 17.206(b) not to be in the Government's best interests. Evaluation of options will not obligate the Government to exercise the option(s).

3) **EVALUATION OF DATA SHARING PLAN**

The Offeror's plan for the sharing of final research data shall be assessed for appropriateness and adequacy.

If your proposal does not include a plan or if the plan in your proposal is considered "unacceptable" and your proposal is selected for negotiations from the Order of Merit Ranking, you will be afforded the opportunity to further discuss, clarify or modify your data sharing plan during discussions and in your Final Proposal Revision (FPR). If your data sharing plan is still considered "unacceptable" by the Government after discussions, your proposal may not be considered further for award.

4) **HUMAN SUBJECT EVALUATION**

Offerors must satisfy the NIH clinical trials policy, which requires (see http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm):

a. **Protection of Human Subjects from Research Risks**

The Offeror's proposal must address the involvement of human subjects and protections from research risk relating to their participation in the proposed research plan, or provide sufficient information on the research subjects to allow a determination by NIAID that a designated exemption is appropriate.

If you claim that this research should be considered exempt from coverage by the Federal Regulations at 45 CFR 46, the proposal should address why you believe it is exempt, and under which exemption it applies.

The SRG will evaluate the proposal and provide a narrative with regard to four issues: Risks to Human Subjects, Adequacy of Protection Against Risks, Potential Benefits of the Proposed Research to the Subjects and Others, and Importance of the Knowledge to be Gained. See Section L for a complete discussion of what is required to be addressed for each of these issues. Based on the response to this criterion, this section of the proposal may be rated "unacceptable" (i.e., concerns are identified as to the protections described against risk to human subjects or no discussion is found regarding protections against risk to human subjects) or "acceptable."

If your discussion regarding the protection of human subjects from research risks is rated "unacceptable" and your proposal is selected for negotiations from the Order of Merit Ranking, you will be afforded the opportunity to further discuss and/or clarify your position

during such discussions and in your Final Proposal Revision (FPR). If, after discussions, your proposed plan for the protection of human subjects from research risks is still found unacceptable, your proposal may not be considered further for award.

b. **Data and Safety Monitoring**

The Offeror's proposal must include a general description of the Data and Safety Monitoring Plan for all clinical trials. All Offerors are directed to the full text of the NIH Policies regarding Data and Safety Monitoring and Reporting of Adverse Events that are found in the NIH Guide for Grants and Contracts Announcements at the following web sites:

http://grants.nih.gov/grants/guide/notice-files/not98-084.html

http://grants.nih.gov/grants/guide/notice-files/not99-107.html

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-038.html

All Offerors receiving an award under this solicitation must comply with the NIH Policy cited in these NIH Announcements, the NIAID Clinical Terms of Award (http://www.niaid.nih.gov/ncn/pdf/clinterm.pdf), and any other data and safety monitoring requirements found elsewhere in this solicitation.

The principles of data and safety monitoring require that all biomedical and behavioral clinical trails be monitored to ensure the safe and effective conduct of human subjects research, and to recommend conclusion of the trial when significant benefits or risks are identified or if it is unlikely that the trial can be concluded successfully. Risks associated with participation in research must be minimized to the extent practical and the method and degree of monitoring should be commensurate with risk. Additionally, all plans must include procedures for adverse event reporting. Finally, generally, for Phase 3 clinical trials, the establishment of a Data and Safety Monitoring Board (DSMB) is required, whereas for Phase 1 and 2 clinical trials, the establishment of a DSMB is optional. The reviewers should refer to Section L in the solicitation, as well as any further technical evaluation criteria in this Section M, as applicable, for the solicitation's specific requirements for data and safety monitoring.

As a part of the evaluation for proposals, the reviewers will provide a narrative that describes the acceptability of the proposed data and safety monitoring plan with respect to the potential risks to human participants, complexity of study design, and methods for data analysis. Based on the evaluation of the response to this criterion, this section of the proposal may be rated "unacceptable" (i.e., concerns are identified as to the adequacy of the monitoring plan or no discussion can be found regarding the proposed monitoring plans) or "acceptable."

If the information provided regarding Data and Safety Monitoring is rated "unacceptable" and your proposal is selected for negotiations from the Order of Merit Ranking, you will be afforded the opportunity to further discuss and/or clarify your plan during such discussion and in your Final Proposal Revision (FPR). If, after discussions, the plan is still considered "unacceptable," your proposal may not be considered further for award.

c. **Women and Minorities**

Women and members of minority groups and their subpopulations must be included in the study population of research involving human subjects, unless a clear and compelling rationale and justification are provided indicating that inclusion is inappropriate with respect to the health of the subjects or the purpose of the research. In addition, for NIH-Defined Phase 3 clinical trials, all proposals and/or protocols must provide a description of plans to conduct analyses, as appropriate, to detect significant differences in intervention effect (see NIH Guide http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm, Definitions – Significant Difference) by sex/gender, racial/ethnic groups, and relevant subpopulations, if applicable, unless the Government has specified that this solicitation involves a sex/gender specific study or a single or limited number of minority population groups. The proposal also must include one of the following plans:

- Plans to conduct valid analysis to detect significant differences in intervention effect among sex/gender and/or racial/ethnic subgroups when prior studies strongly support these significant differences among subgroups, OR
- Plans to include and analyze sex/gender and/or racial/ethnic subgroups when prior studies strongly support no significant differences in intervention effect between subgroups (representation of sex/gender and/or racial/ethnic groups as subject selection criterion is not required; however, inclusion and analyses are encouraged), OR
- Plans to conduct valid analyses of the intervention effect in sex/gender and/or racial/ethnic subgroups (without requiring high statistical power for each subgroup) when the prior studies neither support nor negate significant differences in intervention effect between subgroups.

Also, the proposal must address the proposed outreach programs for recruiting women and minorities as participants.

Reviewers will consider the areas covered here and in Section L of the solicitation in narrative form in their evaluation. Some of the issues they will evaluate include:

- whether the plan proposed includes minorities and both genders in adequate representation
- how the Offeror addresses the inclusion of women and members of minority groups and their subpopulations in the development of a proposal that is appropriate to the scientific objectives of the solicitation
- the description of the proposed study populations in terms of sex/gender and racial/ethnic groups and the rationale for selection of such subjects
- if exclusion is proposed, that the rationale is appropriate with respect to the health of the subjects and/or to the purpose of the research.
- In addition, for gender exclusion, the reviewers will examine the rationale to determine if it is because:

- the purpose of the research constrains the Offeror's selection of study participants by gender (e.g., uniquely valuable stored specimens or existing datasets are single gender; very small numbers of subjects are involved; or
- overriding factors dictate selection of subjects); or
- gender representation of specimens or existing datasets cannot be accurately determined, and this does not compromise the scientific objectives of the research.

- For minority group exclusion, the reviewers will examine the rationale to determine if those minority groups are excluded because:

- inclusion of those groups would be inappropriate with respect to their health; or

- inclusion of those groups would be inappropriate with respect to the purpose of the research.

If you determine that inclusion of women and minority populations is not feasible, you must submit a detailed rationale and justification for exclusion of one or both groups from the study population with the technical proposal. The Government will review the rationale to determine if it is appropriate with respect to the health of the subjects and/or the purpose of the research.

Based on the evaluation of the response to this criterion, this section of the proposal may be rated "unacceptable" (i.e., no discussion can be found regarding the proposed gender/minority inclusion plans, or concerns are identified as to the gender or minority representation, or the proposal does not adequately address limited representation of one gender or minority; or the plan is not in accordance with NIH policy guidelines) or "acceptable." See Section L of the solicitation for the requirements of women/minorities inclusion.

If the information you provide in your proposal regarding the inclusion of women and minorities is rated "unacceptable" and your proposal is selected for negotiations from the Order of Merit Ranking, you will be afforded the opportunity to further discuss, clarify, or modify your plan during discussions and in your Final Proposal Revision (FPR). If your plan for inclusion/exclusion of women/minorities is still considered "unacceptable" by the Government, your proposal may not be considered further for award.

d. **Children**

Children (i.e., individuals under the age of 21) must be included in all human subject research unless there are clear and compelling reasons not to include them. http://grants.nih.gov/grants/guide/notice-files/not98-024.html

Your proposal must include a description of plans for including children. If you plan to exclude children from the required research, your proposal must present an acceptable justification for the exclusion. If you determine that exclusion of a specific age range of child is appropriate, your proposal must also address the rationale for such exclusion. Also, the plan must include a description of the expertise of the investigative team for dealing with children at the ages included, of the appropriateness of the available facilities to accommodate the children, and
the inclusion of a sufficient number of children to contribute to a meaningful analysis relative to the purpose/objective of the solicitation. Also, see Section L of the solicitation for further specific requirements on inclusion of children.

Based on the reviewers' narrative evaluation of the Offeror's response to this evaluation criterion, this section of the proposal may be rated "unacceptable" (i.e., no discussion can be found regarding the proposed inclusion plans for children; or concerns are identified as to the Offeror's response regarding the inclusion of children; or the plan is not in accordance with NIH policy guidelines) or "acceptable."

If the information provided in your proposal about the inclusion of children is rated "unacceptable" and your proposal is selected for negotiations from the Order of Merit Ranking, you will be afforded the opportunity to further discuss, clarify or modify your plan during discussions and in your Final Proposal Revision (FPR). If your plan for inclusion of children is still considered "unacceptable" by the Government after discussions, your proposal may not be considered further for award.

5) **PRE-AWARD SITE VISIT OR SITE AUDIT**

Offerors determined, upon completion of the scientific/technical peer review, to be in the Order of Merit Ranking may be subject to auditing of their facilities and Quality Assurance/Quality Control (QA/QC) capabilities. The decision to audit specific facilities will be made by the Project Officer. If audits are performed during the negotiations, the results of the audits will be a factor in final selection for award of a contract. Offerors, including proposed subcontractors, will be requested to make all non-proprietary records, including previous regulatory inspection records, and staff available in response to a pre-award site visit or audit by the NIAID or its designee. **Due to timeline requirements, pre-award site visits may be made with short notice. Offerors are expected to guarantee the availability of key staff or other staff determined by the Government as essential for purposes of this site visit.**

6) **TECHNICAL EVALUATION CRITERIA**

The evaluation criteria are used by the technical evaluation committee when reviewing the technical proposals. The criteria below are listed in the order of relative importance with weights assigned for evaluation purposes.

OFFERORS AND REVIEWERS ARE ADVISED TO REFER TO ATTACHMENT 8 ENTITLED "ADDITIONAL TECHNICAL PROPOSAL INSTRUCTIONS" FOR GUIDANCE AND INFORMATION RELATED TO THE PREPARATION OF TECHNICAL PROPOSALS.

CRITERIA	**WEIGHT**
CRITERION 1: CURRENT PRODUCT DEVELOPMENT STATUS OF THE PROPOSED NIAID CATEGORY A OR B PRIORITY PATHOGEN VACCINE CANDIDATE	**30**

The soundness, suitability, appropriateness, adequacy, completeness and feasibility of:

A. The proposed candidate vaccine for further development, as described in the current product development plan, including: the maturity and scale of the current production process for both Bulk Drug Substance and Final Drug Product; the compliance of the current production process with cGMP; the toxicity of any component of the proposed candidate vaccine; and the potential for achieving both long-term stability (i.e., 3 years or longer) at temperatures of at least 35^{o}C and protective immunity following administration of 1-2 doses.
B. The correlates of protection that may have been identified, the assays used, and the data to support the proof of concept efficacy for the proposed candidate vaccine in one or more relevant animal models.
C. The stability profiles of the proposed candidate vaccine with and without stabilizing materials or processes.

D. Novel formulations/final vaccine presentation, new delivery platforms, investigational devices/technologies, and adjuvants other than aluminum that may be components of the proposed candidate vaccine.
E. Novel devices proposed to facilitate vaccine dosing, and documentation of filing of a pre-Investigational Device Exemption (pre-IDE) for the device/technology with the U.S. Food and Drug Administration (FDA), or filing of an Investigational New Drug (IND) Application for another investigational vaccine product using the same proposed device/technology.

CRITERION 2: TECHNICAL PLAN/APPROACH **30**

The soundness, suitability, appropriateness, adequacy, completeness, and feasibility of:

A. The proposed Product Development and Implementation Plans to complete all activities within the 3-year base period of performance, including the technical methods for: cGMP manufacturing of the BDS; establishing and documenting a controlled and reproducible production process; optimizing product formulation and stability of the FDP; establishing product release and characterization assays; and developing a Clinical and Regulatory Development Plan.

B. Milestones and decision criteria for "Go/No Go" evaluations of the candidate vaccine; and Gantt Chart and logic associated with task links to predecessors and successors.

C. The proposed non-clinical research and development plans, approaches and methodologies to develop, quantify and/or validate the proposed analytical methods, product release criteria, and assays and reagents required to evaluate immune responses to the candidate vaccine; and conduct non-clinical safety and toxicology studies in accordance with FDA regulatory requirements.

D. The proposed Clinical and Regulatory Development Plan to describe the plans and procedures for the overall design of a Phase 1 dose escalating clinical trial for the proposed candidate vaccine in healthy subjects ages 18 to 40, including:

    1. Proposed protocol synopsis that describes: (i) statistical design, including definition of primary and secondary objectives, inclusion and exclusion criteria, and primary and secondary end points/outcomes; (ii) statistical analysis plan; (iii) plans for data collection, management and quality control; (iv) plans for study participant screening, recruitment, retention and follow-up; (v) initial clinical site assessment and ongoing site monitoring plans; (vi) data and safety monitoring plan; and (ix) timelines for protocol development, implementation, completion and analysis (Note: The protocol synopsis only describes the plans to carry out a Phase 1 clinical trial and does not include the detailed description found in the final clinical trial protocol.); and
    2. Proposed timelines for protocol development, protocol implementation, study completion and analysis of final study data, and preparation of documentation required for submission and sponsorship of an IND to the FDA.

3. Organizational experience with the design, execution, analysis, and oversight of clinical trials for similar products relevant to the scope of this solicitation.
4. Organizational experience in the sponsorship of INDs for similar products.

NOTE: The development and design of the final protocol, and conduct, completion and analysis of a Phase 1 clinical trial are **NOT** part of the three-year base period of performance for Part A, but are included as an Option for Part A.

E. The proposed plans and procedures for regulatory compliance, quality assurance, and data management with respect to systems and procedures for data management and quality control; statistical design and analysis resources; monitoring of adherence to FDA regulatory requirements; Quality Systems Plan and associated Standard Operating Procedures; plans to audit facilities and maintain compliance with FDA guidelines; and plans to communicate the results of audits to the Project Officer.

F. The proposed Statement of Work to describe all the necessary objectives, activities, approaches, methods, schedules, materials, personnel, equipment and facilities to perform the proposed Product Development and Implementation Plans.

CRITERION 3: SCIENTIFIC, TECHNICAL, AND MANAGEMENT PERSONNEL 25

A. *Principal Investigator* (PI): Appropriateness, adequacy, and relevance of the documented education, training, expertise, experience, qualifications, and availability (based on percent effort devoted to this project) of the PI to lead, direct and coordinate all contract activities, including activities carried out by subcontractors. This includes: scientific and technical knowledge and expertise with advanced vaccine research and development activities for infectious diseases, including cGMP manufacturing and with products regulated by the FDA; prior successful interactions with the FDA, including IND submissions; completion of preclinical and clinical vaccine studies; and the capacity to monitor progress, access performance, identify performance problems and implement corrective actions.

B. *Project Manager (PM)*: The documented training, expertise, experience, qualifications and availability (based on percent effort devoted to this project) of the Project Manager to monitor day-to-day activities of the program. This includes: monitoring and tracking of progress and timelines relative to both schedule and budget, including use of project management software, coordinating project and subcontractor activities, organizing meetings and teleconferences, and maintaining lines of communication with NIAID.

C. *Other Scientific and Technical Personnel*: Appropriateness, adequacy, and relevance of the documented education, training, expertise, experience, qualifications and availability of proposed other scientific and technical personnel of the offeror and any proposed subcontractors to carry out specific

duties and responsibilities, as follows: conduct of the range of vaccine production activities, assays, non-clinical studies, and clinical and regulatory development; experience with products of a similar nature regulated by the FDA; and the regulatory requirements that govern the production of cGMP materials and testing in compliance with GLP; and experience and expertise in managing Quality Systems, Quality Assurance (QA) and Quality Control (QC) procedures.

CRITERION 4: FACILITIES, EQUIPMENT, OTHER RESOURCES, AND BIOCONTAINMENT SAFETY AND TRAINING **20**

As required and/or appropriate for the offeror's proposed Statement of Work documented availability, suitability, capacity and adequacy of proposed facilities, equipment and other resources for the development, manufacturing, and preclinical testing of a candidate vaccine suitable for use under IND, and the capacity of all facilities, equipment and other resources proposed to perform required testing in a timely and efficient manner with the resources dedicated to the project, including:

A. Information regarding ownership/lease of facilities, including demonstrated availability for the duration of the contract.
B. Biocontainment facilities and safety procedures to conduct studies in accordance with DHHS regulations regarding the transfer of Select Agents.
C. Documented cGMP compliance of the proposed product manufacturing facilities and documented GLP compliance of non-clinical toxicology facilities.
D. Compliance with all safety guidelines and regulations, including training and monitoring of personnel for exposure to infectious and other hazardous materials.
E. Facilities for the housing and care of laboratory animals.
F. Plan for obtaining, adding or deleting facilities as necessary due to progress during the course of product development.

CRITERION 5: PROJECT MANAGEMENT **15**

As required and/or appropriate for the offeror's proposed Statement of Work, the adequacy, appropriateness, suitability, relevance and completeness of the following:

A. The Project Management Plan for overall project organization, staffing, leadership, responsibilities, management, and lines of authority, including the plan to manage the work of consultants and/or subcontractors to meet the overall production, non-clinical and preclinical testing.
B. The project management systems and quality control methods to ensure the effective initiation, implementation, and conduct of contract requirements, and to monitor, track and report Contractor and subcontractor costs and performance.
C. The plan for PI communication and interaction with the Contracting Officer and the Project Officer.
D. The plan for soliciting, evaluating, negotiating, awarding and managing any proposed subcontracts in accordance with Federal regulations.
E. The plan to identify and remediate problems in subcontractor performance.

F. The plan to organize the Annual Review Meetings and provide for a thorough assessment of contract status, problems and approaches to their resolution, and future plans.

TOTAL POSSIBLE POINTS (BASE PERIOD): 120

EVALUATION OF PART A OPTION: 10

Part A Option: Design and Conduct of a Phase 1 Clinical Trial, and IND Preparation, Submission and Sponsorship

The soundness, suitability, appropriateness, adequacy, completeness and feasibility of:

A. The education, training, experience, expertise and level of effort of the proposed Clinical Trial Principal Investigator and all proposed clinical site personnel.
B. The plan to manage the clinical trial, including consultants and/or subcontractors, and to monitor compliance with all applicable Federal regulations and GCP guidelines for the conduct of clinical trials.
C. The proposed clinical facilities, equipment and other resources for conducting the clinical trial.
D. The proposed plans, procedures and timelines to prepare and submit an IND to the FDA and to keep NIAID apprised of progress and all communications with the FDA.
E. The proposed Statement of Work to describe all the necessary objectives, activities, approaches, methods, schedules, materials, personnel, equipment and facilities for the development and design of a final protocol, for the conduct, completion, and analysis of the proposed Phase 1 Clinical Trial, and for the preparation, submission, and sponsorship of an IND to the FDA, within 12 months of exercise of the Option.

TOTAL POSSIBLE POINTS (with Part A Option): 130

7) **EXTENT OF SMALL DISADVANTAGED BUSINESS PARTICIPATION**

SDB participation will not be scored, but the Government's conclusions about overall commitment and realism of the Offeror's SDB Participation targets will be used in determining the relative merits of the Offeror's proposal and in selecting the Offeror whose proposal is considered to offer the best value to the Government.

Evaluation of SDB participation will be assessed based on consideration of the information presented in the Offeror's proposal. The Government is seeking to determine whether the Offeror has demonstrated a commitment to use SDB concerns for the work that it intends to perform.

Offers will be evaluated on the following sub-factors:

a) Complexity and variety of the work SDB concerns are to perform. Greater emphasis will be given for the arrangements where the SDB shall be performing work appropriate to the scientific objectives expressed in the Offeror's Statement of Work.
b) Extent of participation of SDB concerns in terms of the value of the total acquisition.

ATTACHMENT 8
ADDITIONAL TECHNICAL PROPOSAL INSTRUCTIONS, FORMAT FOR TECHNICAL PROPOSAL, AND TABLE OF CONTENTS (Part A)

PART A: VACCINES FOR NIAID CATEGORY A AND B PRIORITY PATHOGENS

Biodefense Vaccine Enhancement
BAA NIH-BARDA-NIAID-DMID-AI2007007

It is strongly recommended that Offerors use the following template as the Table of Contents for the Technical Proposal. All information presented in the Technical Proposal should be presented in the order specified below.

These additional Technical Proposal instructions reflect the requirements of the BAA and provide specific instructions and formatting for the Technical Proposal. While Section L.2.b. of the BAA provides a generic set of Technical Proposal instructions applicable to all NIH R&D solicitations, these additional Technical Proposal instructions are tailored to the specific requirements of the BAA. The information requested in these instructions should be used, along with Section L, to format and prepare the Technical Proposal, and should be used as a Table of Contents for your Technical Proposal. Offerors should follow the instructions in Section L of the solicitation, and include the information requested here.

Offerors are advised to give careful consideration to the Broad Agency Announcement Description, Background and Introduction, Research and Technical Objectives, all reference materials, and attachments, the Technical Evaluation Criteria in Section M, and the BAA as a whole in the development of their Technical Proposals.

Offerors proposing subcontracts to perform portions of the proposed Statement of Work should clearly identify the specific tasks for which they plan to utilize subcontractors, as well as the method and level of integration/coordination between the prime Contractor and all proposed subcontractors, and the expected advantages of such an approach.

PAGE LIMITATIONS: Offerors are reminded that the total page limitation for the entire Technical Proposal is 200 pages including all appendices and attachments. Any pages in excess of this limit will be expunged from the proposal and will not be considered in the technical review.

USE OF WEB LINKS AND URLs: Offerors should NOT place web links or URLS in the proposal, or otherwise direct readers to alternate sources of information, as reviewers will be instructed not to access any links.

TECHNICAL PROPOSAL – TABLE OF CONTENTS

General Instructions:

For PART A -- If an offeror is submitting proposals for more than one NIAID Category A or B Priority Pathogen vaccine candidate under Part A, a separate Technical Proposal is required for each vaccine candidate.

SECTION 1

A. PROPOSAL TITLE PAGE. Include RFP title and number, name of organization, DUNS number, proposal part, and identify if the proposal is an original or a copy.
B. PROJECT OBJECTIVES (NIH FORM 1688-1)
C. GOVERNMENT NOTICE FOR HANDLING PROPOSALS
D. PROPOSAL SUMMARY AND DATA RECORD (NIH-2043)
E. TABLE OF CONTENTS

SECTION 2: TECHNICAL PROPOSAL OVERVIEW (suggested 3-page maximum out of the total page limitations)

Provide a brief description of the proposed program for the development and testing of the candidate vaccine for NIAID Category A or B Priority Pathogens, including:

A. A brief summary describing the candidate vaccine the Offeror is proposing to advance, the intended indication, the biodefense/public health gap the product is intended to fill, and the stabilizing technology to be utilized.
B. A summary describing the scope of product development activities proposed.
C. A description of the activities to be performed by the Offeror and those that shall be performed by all proposed subcontractors, including identification of the proposed subcontractors, and a list of key personnel of the Offeror and the proposed subcontractors with degrees and titles.
D. A description of the facilities, equipment, and other resources made available by the Offeror and all proposed subcontractors.

SECTION 3: TECHNICAL PLAN/APPROACH

A. CURRENT PRODUCT DEVELOPMENT STATUS OF THE PROPOSED CANDIDATE VACCINE

NOTE: The government will **NOT** provide support for the development of devices for the delivery of vaccines.

Provide a detailed description of the current product development status of the proposed candidate vaccine addressing the following:

1. The intended indication for the current vaccine candidate and the biodefense gap that the product is intended to address.
2. The scientific basis for the selection of the proposed candidate vaccine and stabilizing technology.
3. The maturity of the current production process, the scale of the production process, (e.g., laboratory, pilot, etc.), and the compliance of the current production process with cGMP.
4. Stability profiles of the candidate vaccine with and without stabilizing materials or processes.
5. Stability profiles of other vaccines or products that have been formulated using the proposed technology.

6. The status of assay development to support product characterization, release, potency and stability. Indicate whether the assays are at the proof of concept qualified or validated stage.
7. If an adjuvant is proposed, a description of the adjuvant and a summary of any prior use in humans.
8. The dose and route of administration and the adjuvant system used in the current formulation of the candidate vaccine.
9. Data from immunogenicity and proof of concept efficacy studies in animal models and the challenge material used in these studies.
10. The correlates of protection that have been identified in the course of evaluation of the candidate vaccine in animal models.
11. Data to support the use of a particular animal model and its ability to predict the desired response to the candidate vaccine in humans.
12. The status of assay development to evaluate the protective immune responses to the candidate vaccine.
13. Toxicity profiles of the candidate vaccine and any stabilizing materials.
14. Current non-clinical and clinical development plans.
15. Data, decision processes and criteria used to date to advance the candidate vaccine from one stage of the product development process to the next.
16. A description of any interactions with the FDA regarding the candidate vaccine, stabilizing materials or processes.
17. For vaccines that use novel devices/technologies to facilitate vaccine dosing, provide documentation that a pre-Investigational Device Exemption (pre-IDE) for the device has been filed with the FDA, or that an IND has been filed with the FDA for another investigational vaccine product using the same proposed device.

B. PRODUCT DEVELOPMENT AND IMPLEMENTATION PLANS [Technical Requirements (Base Period), paragraph 2)A.]

1. **Product Development Plan**

Provide proposed detailed and comprehensive Product Development and Implementation Plans to develop a NIAID Category A or B Priority Pathogen vaccine candidate.

The proposed Product Development Plan shall include the sections listed below. For each section, clearly define and detail the developmental milestones and timelines necessary to complete and deliver a product suitable for clinical studies within the 3-year base period of contract performance.

a. A non-clinical development plan.
b. A process development, manufacturing, formulation, and stability development plan.
c. A regulatory product development strategy.
d. Regulatory and quality compliance strategy, including a quality assurance plan.

In addition to the sections listed above, the proposed PDP shall:

e. Describe the activities and stages of product development that the Offeror is proposing to accomplish with contract funding, including identification of each proposed milestone and tasks within each milestone. Include the proposed quantitative and qualitative assessment criteria, both scientific and regulatory, to be used to determine successful completion of each product development milestone and task.
f. Identify specific decision points during the product development process where proceed or not to proceed ("Go/No Go") decisions will be made. These should be distinct stages of the product development pathway that are critical decision points for Go/No Go decisions for advancing to the next stage of the Product Development Plan. For each

decision point, also delineate the qualitative and quantitative criteria and accompanying data elements to be used to assess the merit and feasibility of proceeding to the next stage of product development.

g. Describe the scientific basis for the production process, analytical and release assays, formulation strategy, adjuvants, and non-clinical studies.
h. Provide a detailed time-phased plan linked to direct costs for each product development milestone, task and subtask identified in the proposed Product Development Plan. Include a Gantt chart that clearly defines each proposed milestone with tasks, subtasks and associated linkages and dependencies, corresponding to funding in total direct costs and timelines for each task to be performed.
i. Describe proposed procedures to handle adverse experimental or production results, and approaches to integrate new scientific and/or technical findings into the proposed goals, milestones and timelines.

2. **Implementation Plan**

The Implementation Plan shall describe a time-phased plan that is linked to direct costs for each milestone in the PDP, identifies the proposed technical approach for each activity to be performed to achieve the objectives of the PDP, contains sufficient detail to fully explain and justify the scientific/technical rationale for the proposed approaches and/or methodologies, and reflects a clear understanding of the scope and nature of the work being undertaken.

C. NON-CLINICAL RESEARCH AND DEVELOPMENT [Technical Requirements (Base Period), paragraph 2)B.]

1. Describe proposed approaches, methodologies and plans for non-clinical studies required to support the development and submission of an IND Application to the FDA for the candidate NIAID Category A or B Priority Pathogen vaccine Final Drug Product (FDP).
2. Discuss any non-clinical studies that have been completed, as well as for any stabilizing materials.
3. Discuss the methods for the development, qualification and/or validation of reagents and assays required to accomplish the non-clinical evaluation of the vaccine candidate FDP in compliance with GLP guidelines as stated in U.S. Code of Federal Regulations 21 CFR 58 (Good Laboratory Practice For Nonclinical Laboratory Studies).
4. Describe existing animal models used to establish proof of concept efficacy for the vaccine candidate. Identify proposed existing animal models to be used and specific animal studies to be conducted for further development of the vaccine candidate, and indicate the status of compliance of proposed animal studies with the requirements as stated in the U.S. Code of Federal Regulations – 21CFR601.90-95, Subpart H, “Approval of Biological Products When Human Efficacy Studies Are Not Ethical or Feasible.”
5. If support is requested to enhance existing animal models for the further development and evaluation of the vaccine candidate, describe proposed plans and methodologies to achieve enhanced animal models and provide the scientific/technical basis to justify the need for enhanced animal models.

D. MANUFACTURE OF cGMP MATERIAL [Technical Requirements (Base Period), paragraph 2)C.]

1. Describe manufacture of one cGMP lot of the candidate NIAID Category A or B Priority Pathogen vaccine BDS and FDP (2000 doses minimum target scale of FDP) for use in Phase 1 clinical trial.
2. Identify and describe the cell lines used to propagate the product.
3. Describe the procedures to establish and document a controlled and reproducible process.

4. Describe the BDS purification methods and indicate the average product yield at each step of the purification process.
5. Detail the processes and materials used to formulate the stabilized candidate vaccine FDP.
6. Describe the proposed assays necessary to support production of the vaccine candidate, address product characterization of the candidate vaccine, and complete non-clinical studies. Include a description of the current developmental status of all proposed assays, and identify those assays and reagents that have been qualified and/or validated in order to comply with Good Laboratory Practices (GLP) guidelines as stated in the U.S. Code of Federal Regulations 21 CFR 58, and cGMP guidelines as stated in the U.S. Code of Federal Regulations – 21 CFR 210, 211, 820.
7. Provide proposed plans and procedures to complete all cGMP required testing for the BDS and FDP to characterize and release the FDP for use in non-clinical and clinical studies.

E. CLINICAL AND REGULATORY DEVELOPMENT PLAN [Technical Requirements (Base Period), paragraph 2)D.]

NOTE: The development and design of the final protocol, and conduct, completion and analysis of a Phase 1 clinical trial are **NOT** part of the three-year base period of performance for Part A, but are included as an Option for Part A.

1. Provide a proposed Clinical and Regulatory Development Plan that details the plans, procedures, and timelines for the following:

    a. Proposed protocol synopsis for the dose-escalating Phase 1 clinical trial, including: (i) statistical design, including definition of primary and secondary objectives, inclusion and exclusion criteria, and primary and secondary end points/outcomes; (ii) statistical analysis plan; (iii) plans for data collection, management and quality control; (iv) plans for study participant screening, recruitment, retention and follow-up; (v) initial clinical site assessment and ongoing site monitoring plans; (vi) data and safety monitoring plan; and (ix) timelines for protocol development, implementation, completion and analysis. (Note: The protocol synopsis only describes the plans to carry out a Phase 1 clinical trial and does not include the detailed description found in the final clinical trial protocol.)
    b. Proposed timelines for protocol development, protocol implementation, study completion and analysis of final study data, and preparation of the documentation required for submission and sponsorship of an IND to the FDA.

2. Describe the organizational experience with the design, execution, analysis and oversight of clinical trials for similar products relevant to the scope of this solicitation, including a list of clinical trials conducted identified by: (i) the type of product evaluated; (ii) phases of clinical trials conducted; (iii) overall clinical trial design and sample size; (iv) number of participating clinical trial sites; and (v) if available publicly, a brief summary of the final study results.
3. Describe organizational experience in the sponsorship of INDs for similar products, including a list of types of products for which the Offeror has served as the IND sponsor and, if available publicly, the status of these products.

F. REGULATORY COMPLIANCE, QUALITY ASSURANCE AND DATA MANAGEMENT [Technical Requirements (Base Period), paragraph 2)E.]

1. *Data Management*: The Technical Proposal must include:

    a. A description of the proposed systems and procedures for data management and quality control that will be used for all studies and a description of proposed procedures for data entry and validation, documentation of data corrections, routine maintenance and backup, transmission of data, data reporting and exporting system, access control and confidentiality, and data retrieval and disaster recovery.
    b. A description of the statistical design and analysis resources that will be used to support contract activities.
    c. Plans and procedures to ensure that data can be transferred to the Project Officer without corruption of data or figures. The NIAID is connected to the Internet and uses IBM-compatible computers that currently run on Microsoft XP operating system and Microsoft Office 2003 software.

2. *Regulatory Compliance and Quality Assurance*: The Technical Proposal must include:

    a. A plan for the ongoing monitoring of adherence to FDA regulatory requirements, standards and guidances for (i) the conduct of assays under GLP standards, and (ii) the manufacturing of vaccine product under cGMP standards, as appropriate to implement the proposed Product Development Plan. Include in the plan appropriate procedures for maintaining quality assurance documentation and for the management of data for GLP and cGMP activities.
    b. A description of the existing Quality Systems Plan, and associated SOPs, with respect to meeting GLP and cGMP standards and with respect to their independence of operation in relation to the PI, and how the Quality Systems Plan and SOPs support an implemented and comprehensive GLP and cGMP compliant Quality System.
    c. Documentation of organizational experience of the Offeror and any proposed subcontractors with performing studies in accordance with FDA regulations and guidance, including GLP and cGMP guidelines.
    d. A description of the process that will be used to audit facilities and maintain compliance with GLP and cGMP guidelines, including a plan for: determining when audits need to be performed; scheduling audits in a timely fashion; performing audits; responding to audit reports; and communicating the results of audits to the Project Officer.
    e. Letter(s), signed by the appropriate authority, allowing for pre-award site visits to the Offeror's facility and any proposed subcontractor facilities. Site visits may include GLP and cGMP audits performed by professional auditors contracted by NIAID.
    f. Documentation that the proposed facilities of the Offeror and any proposed subcontractors have been audited and comply with GLP and cGMP requirements.

G. OFFEROR'S PROPOSED STATEMENT OF WORK (recommended 15 pages out of the total page limitation)

In contracts awarded under this BAA, the Statement of Work shall be developed by the Offeror based on the guidance provided in Attachment 5, Research and Technical Objectives. The Statement of Work proposed by the offeror will be negotiated and accepted by the NIAID to be incorporated into the resultant contract. This offeror's Statement of Work should be developed using an outline format that incorporates paragraph identifiers for each paragraph and subparagraph and outlines the activities to be performed by the Contractor during the performance of the contract. The offeror's proposed Statement of Work should begin as follows:

"Independently, and not as an agent of the Government, the Contractor shall furnish all necessary services, qualified professional, technical, and administrative personnel, material, equipment and facilities, not otherwise provided by the Government under the terms of this contract, as needed to perform the Statement of Work set forth below. Specifically, the Contractor shall:"

The above introductory paragraph should be followed by a full Statement of Work describing each activity that the Contractor shall perform after the award of the contract. Where appropriate, divide the Statement of Work into separate activities and sub-activities. The Statement of Work shall include all activities required to effectively develop a NIAID Category A or B Priority Pathogen vaccine candidate with long term stability (i.e. 3 years or longer) at temperatures of at least 35^{o}C suitable for use in clinical studies. The Statement of Work should also include a description of all items to be delivered to the Government during performance of the contract, such as progress reports, financial reports, end products, and other deliverables and a timetable for their delivery.

The Statement of Work shall acknowledge the Government's right to modify the milestones, progress, schedule, budget, or product to add or delete products, process, or schedule as need may arise.

The Statement of Work shall acknowledge that:

- the Contractor shall only carry out activities within the contract's Statement of Work as approved by the Contracting Officer and the Project Officer at the time of award;
- the Contractor may not conduct work outside of the scope of the contract without prior written approval from the Contracting Officer and the Project Officer; and
- approval to carry out specific activities shall be linked to approval by the Project Officer of the PDP following contract award, approval of Monthly and Annual Progress Reports, and review and approval of a Clinical Trial Protocol(s)/synopsis and supporting materials.

SECTION 4: SCIENTIFIC, TECHNICAL, AND MANAGEMENT TEAM [Technical Requirements (Base Period), paragraph 2)F.]

The Technical Proposal should include all information relevant to document individual education, training, experience, qualifications and expertise necessary for the successful completion of all scientific and technical requirements of the contract. Include a Staffing Plan for the conduct of the proposed Statement of Work with role descriptions and level of effort of key scientific and technical personnel, including all proposed subcontractors. Clearly identify who is to be assigned as Key Personnel. Limit CVs to 2-3 pages, provide selected references for publications relevant to the scope of the BAA, and include experience with projects of similar scope, size and complexity carried out by the offeror and any proposed subcontractors over the past 5 years.

A. Principal Investigator (PI)

Describe and document the education, training, relevant experience, expertise, qualifications and level of effort of the proposed Principal Investigator (PI) in planning, initiating, implementing, managing and coordinating the scope of functions to be carried out under the contract, including experience with projects of similar size and complexity. Include experience with leading and directing project activities both directly and indirectly through subcontracts. Discuss the experience of the PI in identifying problems encountered in meeting milestones and timelines for similar projects and describe how those problems were resolved. Describe the PI's scientific and technical expertise, training and experience with advanced product development activities and with products that are regulated by the FDA, in particular vaccine research and

development for infectious diseases. Include a discussion of prior experience with preclinical and clinical studies for successful IND submissions to the FDA.

B. Project Manager

Describe and document the education, training, relevant experience, expertise, qualifications, as well as percentage of effort of the proposed Project Manager in monitoring and tracking work progress and timelines relative to both schedule and budget. Describe the expertise and training of the proposed Project Manager in coordinating complex activities involving multiple parties, including knowledge of relevant project management software, coordinating project and subcontractor activities, and organizing and maintaining lines of communications including teleconferences and face-to-face meetings.

C. Other Scientific and Technical Personnel

Describe and document the education, training, relevant experience, expertise, qualifications, and level of effort for other scientific and technical personnel of the Offeror and all proposed subcontractors required to carry out the specific activities proposed, including knowledge of and experience with the regulatory requirements that govern the production of cGMP materials and testing in compliance with GLP; relevant experience, training and expertise in Quality Assurance/Quality Control (QA/QC) procedures; the housing and care of animals; biosafety requirements and procedures; data collection, management and quality assurance; and statistical design and analysis.

SECTION 5: FACILITIES, EQUIPMENT, OTHER RESOURCES, AND BIOCONTAINMENT SAFETY AND TRAINING [Technical Requirements (Base Period), paragraphs 2)G. and 2)H.]

NOTE: The government will **NOT** provide support for the purchase of equipment or for alterations and renovations of facilities.

The Technical Proposal must document the availability and adequacy of facilities, equipment, space and other resources, and biocontainment safety and training plans and procedures necessary to carry out the proposed Statement of Work, including:

A. Location and features of facilities, including a floor plan, a list of equipment, and resources dedicated to the project for the Offeror and any proposed subcontractors (lease or ownership information should be provided).
B. Biosafety Level (BSL) 2 and 3 biocontainment facilities for conducting work in accordance with the guidelines: http://www.cdc.gov/od/ohs/biosfty/bmbl5/bmbl5toc.htm.
C. Facilities for the process development, scale-up and cGMP manufacture of the vaccine candidate. Include information on the current manufacturing capabilities, the proposed manufacturing plan, and the estimated manufacturing capacity available at the Offeror's site and at any proposed subcontractor sites. Also document that the proposed manufacturing facility operates in compliance with cGMP and is capable of producing an ultimately licensable product.
D. Procedures to be used for the care and housing of laboratory animals in compliance with NIH guidelines, as delineated by the Office of Laboratory Animal welfare (OLAW; http://grants.nih.gov/grants/olaw/olaw.htm), the extent of appropriate veterinary coverage, the physical plant housing all animals and laboratories, the safety procedures in place, and the expertise and training of the technical staff employed.
E. Plans for obtaining, adding or deleting facilities as necessary due to progress during the course of product development.

F. Plans for providing protective garments and equipment, monitoring the safe handling of potentially hazardous microorganisms, toxins, and reagents, and disposing of potentially hazardous microorganisms, toxins, and reagents.

G. Procedures for receiving, handling, storing, shipping and tracking Select Agents in accordance with U.S. Code of Federal Regulations 42 C.F.R. Part 73, 7 C.F.R. Part 331, and 9 C.F.R. Part 121 (http://www.cdc.gov/od/sap/).

H. Procedures for conducting work with recombinant DNA molecules in accordance with Federal and NIH Guidelines for Research Involving Recombinant DNA molecules (http://www4.od.nih.gov/oba/rac/guidelines/guidelines.html).

I. Plans for training staff to operate facilities in accordance with BSL 2 and 3 guidelines, in the safe handling of potentially hazardous microorganisms, toxins, and Select Agents in accordance with Federal regulations, and in the safe handling of recombinant DNA molecules in accordance with NIH guidelines.

SECTION 6: PROJECT MANAGEMENT [Technical Requirements (Base Period), paragraph 2)I.]

The Technical Proposal must include the following:

A. A Project Management Plan for project organization, staffing, and management in relation to the planning, initiation, implementation, conduct, monitoring and completion of tasks identified in the proposed Statement of Work. Describe in detail the responsibilities and level of effort for all proposed personnel who will be assigned to the contract, including proposed subcontractors and consultants, and provide an administrative and technical framework indicating clear lines of authority and responsibility for all proposed personnel. If consultants and/or subcontractors are proposed, include a plan to manage, coordinate, and oversee the work performed by consultants and/or subcontractor(s). Include a chart of the proposed organizational/management structure for the project.

B. A description of the project management systems that will be used to track activities and to keep multiple activities on time and budget. Include a description of the quality control methods that will be used to ensure the effective and efficient initiation, implementation, management, oversight and completion of contract requirements. Describe organizational experience in managing similar projects involving product development services/activities and with products regulated by the FDA. If consultants and/or subcontractors are to be used, include a plan to manage and coordinate consultant and/or subcontractor(s) efforts.

C. An outline of how the PI will communicate with the Project Officer and Contracting Officer, and how the PI will communicate, monitor, and manage the project both internally and externally (at subcontractor facilities).

D. A plan for soliciting, evaluating, negotiating, awarding and managing subcontracts in accordance with FAR Clause 52.244.2.

E. A description of the experience and education of contract management staff in the acquisition and management of subcontracts under Federal contracts.

F. A description of the experience with identification and remediation of subcontractor performance problems or noncompliance with subcontract terms and conditions.

G. A plan to organize the Annual Review Meetings and provide for a thorough assessment of contract status, progress, problems and approaches to their resolution, and future plans.

SECTION 7: PART A OPTION [Technical Requirements (Part A Option), paragraph 2)L.]

DESIGN AND CONDUCT OF A PHASE 1 CLINICAL TRIAL, AND IND PREPARATION, SUBMISSION AND SPONSORSHIP

A. Identify the proposed Clinical Trial Principal Investigator with responsibility for the overall conduct of the clinical trial and provide documentation of his/her training, experience and expertise in human subjects research in general and specifically in clinical trials of investigational vaccines for infectious diseases.

B. Identify the proposed clinical site personnel to participate in the conduct of the Phase 1 clinical trial and provide documentation of appropriate training and experience in human subjects research in compliance with all Federal regulations and GCP guidelines.

C. Describe proposed plans and procedures to manage the clinical trial, including participating consultants and/or subcontractors, and to monitor compliance with Federal regulations for the conduct of clinical trials, including the plan for the ongoing monitoring compliance with FDA regulatory requirements, standards and guidances for the conduct of the clinical trial under GCP standards, as relevant to the proposed Clinical and Regulatory Development Plan.

D. Describe the clinical, laboratory and pharmacy facilities to be made available at the proposed clinical trial site(s) and provide documentation of facility compliance with Federal regulatory requirements.

E. Describe proposed plans for ensuring the involvement of the Project Officer and his/her designees in meetings and teleconferences with the FDA and for keeping NIAID apprised of progress and all communications with the FDA.

F. Include a Statement of Work for the Part A Option based on the guidance provided in Attachment 5, paragraph 2)L., along with guidance provided above. The Statement of Work shall describe the scope of activities required for the development and design of a final protocol, for the conduct, completion, and analysis of a Phase 1 clinical trial, and for the preparation, submission and sponsorship of an IND, as relevant to the proposed Clinical and Regulatory Development Plan. The Statement of Work should also include a description of all items to be delivered to the Government during exercise of the Option, such as progress reports, financial reports, end products, and other deliverables and a timetable for their delivery.

SECTION 8: OTHER CONSIDERATIONS

A. Human Subjects

Section L of the BAA specifies the minimum documentation requirements for Human Subjects use. All related documentation should be included in the proposal in a clearly marked section. The Technical Proposal should document all information necessary to evaluate Human Subject use.

B. Care of Live Vertebrate Animals

Section L of the BAA specifies the minimum documentation requirements for Animal Welfare compliance. All related documentation should be included in the proposal in a clearly marked section. The Technical Proposal should document all information necessary to evaluate Animal Welfare issues.

C. Biological Agents or Toxins

The Technical Proposal should include a plan for biohazard safety and security requirements.

D. Obtaining and Disseminating Biomedical Research Resources

Section L of the BAA specifies the minimum documentation requirements for this element. The Technical Proposal should document all information necessary to evaluate this issue.

E. Sharing Research Data (Plan)

Section L of the BAA specifies the minimum documentation requirements for Data Sharing. All related documentation should be included in the proposal in this clearly marked section. The Technical Proposal should include a plan for Data Sharing as required by this BAA.

F. Information Technology (IT) Systems Security

Section L of the BAA specifies the minimum documentation requirements for IT Systems security. All related documentation should be included in the Technical Proposal in this clearly marked section. The Technical Proposal should include a plan for IT Systems security as required by this BAA.

Biodefense Vaccine Enhancement
BAA NIH-NIAID-DMID-AI2007006

PART B

THIRD GENERATION ANTHRAX VACCINES

Includes:

ATTACHMENT 9: RESEARCH AND TECHNICAL OBJECTIVES (Part B)
ATTACHMENT 10: REPORTING REQUIREMENTS AND OTHER DELIVERABLES (Part B)
ATTACHMENT 11: SECTION M – TECHNICAL EVALUATION FACTORS (Part B)
ATTACHMENT 12: ADDITIONAL TECHNICAL PROPOSAL INSTRUCTIONS (Part B)

ATTACHMENT 9
RESEARCH AND TECHNICAL OBJECTIVES (Part B)

PART B: THIRD GENERATION ANTHRAX VACCINES

Biodefense Vaccine Enhancement
BAA NIH-BARDA-NIAID-DMID-AI2007007

RESEARCH and TECHNICAL OBJECTIVES

This section presents the technical objectives that the Government seeks to achieve through this BAA. Proposals should explain how the Offeror will contribute to these overall objectives. Contracts awarded as a result of this BAA will include the Statement of Work proposed by the Offeror and negotiated and accepted by the Government. Offerors are required to provide a Statement of Work for the Base Period and all Options with their proposal (see Attachment 12, "Additional Technical Proposal Instructions", for further information on how to prepare the Statement of Work).

The Research and Technical Objectives of this BAA direct the offeror(s) to attain the goals described for a vaccine development pathway without directing the offeror(s) how to attain these goals. The bounds of the pathway are the FDA regulatory parameters, which are primarily focused on safety and efficacy. The mechanisms to manufacture and to demonstrate product safety and efficacy are to be proposed by the offeror(s).

1) SCOPE:

NOTE: This solicitation will <u>NOT</u> support:

- The development of devices for the delivery of vaccines.
- The design and conduct of Phase 3 clinical trials.
- The development of therapeutic vaccines or therapeutic agents.
- The development of new animal models.

A. <u>BASE PERIOD</u>: The purpose of PART B of this solicitation is to fund organizations with demonstrated vaccine product development experience to produce a prophylactic candidate third generation anthrax vaccine. Candidate vaccines eligible for support must have demonstrated safety and proof of concept efficacy in an animal model. Offerors must propose a well-defined and feasible Product Development Plan for advancing the vaccine candidate to achieve the following objectives and options as specified in the negotiated Statement of Work:

- Development and update of the Product Development Plan for a third generation anthrax vaccine candidate (Part B), including regulatory, clinical, non-clinical, and manufacturing activities to be undertaken.
- Long-term stability of three (3) years or longer at temperatures of at least 35^{o}C.
- Manufacturing and formulation process development.
- Manufacturing of pilot lot cGMP material.
- Real time and accelerated vaccine stability studies.
- Conduct of non-clinical studies, including all Investigational New Drug (IND)-enabling toxicology and immunogenicity studies.
- Development, qualification and, where necessary, validation of all assays necessary to support product development.
- Rapid immune response with no more than two (2) doses.

- A safety profile that meets all existing U.S. Food and Drug Administration (FDA) requirements.
- Development, submission, and sponsorship of an IND, including compliance with all regulatory requirements.
- Design, conduct, completion, and analysis of a Phase 1 dose-escalating clinical trial of the vaccine candidate in healthy subjects ages 18 to 40.
- The provision of clinical and non-clinical samples from all studies to NIAID and, for clinical trials, obtaining future use consent from volunteers for their samples.

B. PART B OPTIONS: Contracts awarded under PART B of this solicitation will include two Options that may be exercised at the discretion of the Government:

Part B Option 1 provides for performance of activities associated with scale-up, cGMP manufacturing and release of 200,000 doses of the recombinant protective antigen (rPA)-based third generation anthrax vaccine candidate.

Part B Option 2 provides for the design, conduct, completion, and analysis of a Phase 2 clinical trial to evaluate further the safety and immunogenicity of the recombinant protective antigen (rPA)-based third generation anthrax vaccine candidate.

2) TECHNICAL REQUIREMENTS (BASE PERIOD)

The offeror(s) shall prepare their Technical Proposal to show how they will address the following activities and provide the following resources as appropriate to successfully perform the negotiated Statement of Work:

A. PRODUCT DEVELOPMENT AND IMPLEMENTATION PLANS

1. *Product Development Plan (PDP)*

   a. The PDP for the recombinant protective antigen (rPA)-based third generation anthrax vaccine candidate, which was submitted with the Technical Proposal, shall be updated within thirty (30) calendar days of the effective date of the contract. The updated PDP must be approved by the Project Officer and the Contracting Officer prior to the initiation of any activities related to its execution. In addition, the PDP shall be updated annually and upon a change in any milestone. Annual updates and changes to the PDP must be approved by the Project Officer and the Contracting Officer prior to the initiation of any activities related to its execution. The Contractor shall perform all activities based on defined milestones and timelines as approved by the Project Officer and the Contracting Officer.

   b. Identify proceed or not to proceed (Go/No Go) decision points throughout the period of performance and list the quantitative and qualitative assessment criteria, both scientific and regulatory, for advancing the candidate vaccine past each Go/No Go decision point to the next stage of product development. This shall include Go/No Go decision points for process development and manufacturing, product characterization and release, conduct of non-clinical studies, interactions with the U.S. Food and Drug Administration (FDA) and IND submission, and design, execution, completion and analysis of a Phase 1 clinical trial. This shall also include a detailed timeline, in Gantt chart format with predecessor and successor logic, covering the initiation, conduct and completion of each product development task, which is linked to direct costs for each product development milestone identified in the PDP.

2. *Implementation Plan*:

The Implementation Plan, which was submitted with the Technical Proposal, shall be updated within thirty (30) calendar days of the effective date of the contract. The updated Implementation Plan must be approved by the Project Officer and the Contracting Officer prior to the initiation of any activities related to its execution. The Contractor shall perform all activities based on the approved Implementation Plan.

B. NON-CLINICAL RESEARCH AND DEVELOPMENT

Conduct non-clinical research and development activities in accordance with the negotiated Statement of Work and the approved Product Development Plan, including assay and reagent development to support manufacturing, non-clinical studies and clinical trials; IND enabling non-clinical toxicology, and safety studies required to support the development and submission of an IND Application to the FDA; and immunogenicity studies. Non-clinical studies must be conducted in compliance with the U.S. Code of Federal Regulations 21 CFR 58 (GOOD LABORATORY PRACTICE FOR NONCLINICAL LABORATORY STUDIES).

C. MANUFACTURE OF cGMP MATERIAL

Provide for manufacturing process and formulation development, including development and engineering runs, and manufacture, formulation and stability testing (accelerated and real-time) of cGMP lot(s) of the (rPA)-based third generation anthrax vaccine candidate. Minimum target scale is 2000 final container doses/lot. Final container cGMP vaccine shall be suitable for use in a Phase 1 clinical trial, and all manufacturing, release and stability testing shall be conducted in compliance with cGMP as stated in the U.S. Code of Federal Regulations – 21 CFR 58, 210, 211, 820.

D. CLINICAL TRIAL PROTOCOL DEVELOPMENT AND IMPLEMENTATION

Design, conduct, complete and analyze the data from a Phase 1 dose-escalating clinical trial of the candidate vaccine in healthy subjects ages 18 to 40 within the maximum 3-year contract base period of performance in compliance with all Federal guidelines, Good Clinical Practice (GCP) guidelines as defined by 21 CFR 50, 312 and ICH Guidelines document E6 (http://www.pharmacontract.ch/support/su_ich_liste.htm), and DMID, NIAID, NIH policies and guidelines. For the Phase 1 clinical trial, a mix-at-bedside formulation is acceptable.

The Contractor shall carry out the tasks and responsibilities listed below. Review of the clinical protocol by the appropriate NIAID review committee and approval by the Project Officer are required prior to filing of the IND and prior to participant enrollment.

1. *Phase 1 Clinical Protocol Development and Clinical Trial Conduct*:

   a. Develop the final clinical trial protocol and have ultimate responsibility for the conduct of the Phase 1 clinical trial and adherence to Federal regulations and the DMID, NIAID, NIH policies and guidelines for the conduct of research involving human subjects. Copies of Department of Health and Human Services (DHHS) regulations for the protection of human subjects, 45 CFR Part 46, are available from the Office for Human Research Protections (OHRP), Office of the Secretary (OS), DHHS at: (http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm). DMID policies, guidelines, templates and other important information regarding performing human subjects research are available at: (http://www.niaid.nih.gov/dmid/clinresearch).

b. It is required that the information contained in the DMID Serious Adverse Event (SAE) Report Form be included in the Contractor's SAE Report Form, and it is recommended that the Contractor use the DMID SAE Report Form located at: (http://www.niaid.nih.gov/dmid/clinresearch). SAE Reports must be submitted to the DMID Office of Clinical Research Affairs, according to the Clinical Terms of Award (see below).

2. *Clinical Trial Monitoring Plan*: Develop and implement a Clinical Trial Monitoring Plan as part of the clinical protocol in accordance with the following requirements:

   a. Comply with all Federal requirements and regulations and the NIAID Clinical Terms of Award: http://www.niaid.nih.gov/ncn/pdf/clinterm.pdf.

   b. Submit the final clinical trial protocol, all protocol amendments, and supporting documentation (e.g., investigators brochure, informed consent form, Manual of Procedures, plans for the collection, management and quality control of clinical study data, plans for statistical analysis of clinical study data, site assessments, site activation plans, site quality management plans, clinical safety monitoring plan, and local Institutional Review Board (IRB) approval prior to study initiation) to the Project Officer for review and approval by the appropriate NIAID review committee. (**Note**: The Clinical Trial Monitoring Plan is part of the DMID protocol template and is also subject to approval by the Project Officer.)

E. IND PREPARATION, SUBMISSION AND SPONSORSHIP

1. Prepare all documentation required for and submit an IND Application to the FDA for a Phase 1 dose escalating clinical trial of the candidate vaccine in healthy subjects ages 18 to 40.

2. Serve as the product sponsor with responsibility for:

   a. preparing materials for and requesting, scheduling and participating in all meetings and teleconferences with the FDA, including meetings and teleconferences to review the IND pre- and post-submission;
   b. preparing and submitting to the FDA all documentation and reports necessary to comply with regulatory requirements in a timely manner, consistent with timelines set out in the approved Product Development Plan and by the FDA;
   c. including NIAID staff, as designated by the Project Officer, in meetings and teleconferences with the FDA; and
   d. providing the Project Officer copies of all FDA correspondence and meeting/teleconference minutes that are relevant to the candidate vaccine.

F. REGULATORY COMPLIANCE, QUALITY ASSURANCE AND DATA MANAGEMENT

Provide for all regulatory compliance, quality assurance, and data management activities necessary to implement the approved Product Development Plan, including:

1. Responsibility for the development and implementation of data management and quality control systems/procedures, including the transmission, storage, confidentiality and retrieval of all study data.
2. Provide for the statistical design and analysis of data resulting from the research undertaken.
3. Provide raw data or specific analyses of data generated with contract funding to the Project Officer.

4. Ensure strict adherence to FDA regulations and guidance, including requirements for the conduct of animal studies and assays under GLP, the manufacturing of the vaccine candidate under cGMP, and the conduct of clinical trials under GCP standards, and maintain quality assurance documentation to support adherence in these areas.
5. Provide documentation of existing Quality Systems Plan that meets GLP standards (21 CFR Part 58), cGMP standards (21CFR Part 211), GCP standards (21 CFR Part 312), and FDA Guidance (http://www.fda.gov/cber/gdlns/qualsystem.htm), and allow for continuous improvement. If subcontractors are utilized to perform any of the vaccine product development activities in the negotiated Statement of Work, following contract award, the Contractor shall be required to prepare and execute written Quality Agreements with each subcontractor to be signed by both the Contractor and each subcontractor. The Quality Agreement(s) shall be modified and updated as necessary and the Contractor shall be responsible for ensuring adherence to all terms of the Quality Agreements by all subcontractors throughout the contract period of performance.
6. Perform audits, as needed to evaluate compliance with FDA required cGMP, GLP and GCP standards, and submit reports on all such audits to the Project Officer and the Contracting Officer within thirty (30) calendar days of audit completion. In addition, NIAID reserves the right to conduct independent audits of the Contractor and its subcontractors as needed to evaluate compliance with FDA required cGMP, GLP and GCP standards. The Contractor shall ensure that all records and staff are available in response to site visits or study-specific audits by NIAID or its designee.

G. SCIENTIFIC AND TECHNICAL TEAM

The Contractor shall provide and maintain all expertise needed for the implementation of the approved Product Development Plan, including: research, manufacturing, quality assurance, regulatory, clinical, statistical, data management, and overall project management activities. The Contractor's team must include strong scientific leadership, as well as significant experience and expertise in the management, design and execution of a research and development program focused on vaccine product development, manufacturing, and testing in humans and in animals. The Principal Investigator (PI) shall be responsible for all aspects of project performance and communication with the Project Officer and the Contracting Officer.

H. FACILITIES, EQUIPMENT AND OTHER RESOURCES

The Contractor shall provide the facilities, equipment, space and other resources necessary to implement the approved Product Development Plan in compliance with all Federal and NIH regulations. This includes facilities and resources to conduct work in accordance with the Biosafety in Microbiology and Biomedical Laboratories (BMBL) Guidelines, Centers for Disease Control and Prevention and the National Institutes of Health, fifth Edition http://www.cdc.gov/od/ohs/biosfty/bmbl5/bmbl5toc.htm. Specifically, provide facilities, equipment and other resources for:

1. The scale-up and manufacture of the vaccine candidate FDP, including a manufacturing facility operating in compliance with cGMP and capable of producing ultimately licensable products.
2. The conduct of GLP non-clinical safety, immunogenicity and efficacy testing with appropriate Biosafety Level containment.
3. The care and housing of laboratory animals, including appropriate veterinary coverage, the physical plant housing all animals and laboratories, and required safety procedures.
4. Receipt, shipping, storage, tracking and archiving of clinical and non-clinical samples, samples for stability testing, and storage of critical reagents.
5. All support resources (including Information Technology systems) that will be required to effectively complete the approved Product Development Plan.

I. BIOCONTAINMENT SAFETY AND TRAINING

The Contractor shall provide:

1. Protective garments, equipment and monitoring to assure safe handling of potentially hazardous microorganisms and toxins for all personnel involved.
2. Where applicable, ensure the conduct of work in accordance with DHHS regulations regarding the transfer of Select Agents (U.S. Code of Federal Regulations 42 C.F.R. Part 73, 7 C.F.R. Part 331, and 9 C.F.R. Part 121 (http://www.cdc.gov/od/sap/).
3. Where applicable, ensure the conduct of work in compliance with the Federal Guidelines For Research Involving Recombinant DNA molecules (http://www4.od.nih.gov/oba/rac/guidelines/guidelines.html).
4. Training for all personnel involved in the operation of and in conducting work in BSL 2 and BSL 3 biocontainment facilities with respect to the safe handling of potentially hazardous microorganisms, toxins, and Select Agents, and in the safe handling of recombinant DNA molecules.

J. PROJECT MANAGEMENT

The Contractor shall provide for:

1. *Project Management*:

    a. The overall management, integration and coordination of all contract activities, including a technical and administrative infrastructure to ensure the efficient planning, initiation, implementation, direction, management and completion of all contract activities.
    b. Effective communication with the Project Officer and the Contracting Officer.
    c. A Principal Investigator with responsibility for overall project management and communications, tracking, monitoring and reporting on project status and progress, and recommending modifications to project requirements and timelines, including projects undertaken by subcontractors.
    d. A Project Manager with responsibility for monitoring and tracking day-to-day progress and timelines, coordinating communication, project activities and costs incurred.

2. *Intellectual Property*: The Contractor shall be solely responsible for the timely acquisition of all appropriate proprietary rights, including intellectual property rights, and all materials needed to perform the project. Before, during, and subsequent to the award, the U.S. Government is not required to obtain for the Contractor any proprietary rights, including intellectual property rights, or any materials needed by the Contractor to perform the project. The Contractor is required to report to the U.S. Government all inventions made in the performance of the project, as specified at FAR 52.227-11 (Bayh-Dole Act).

3. *Reports and Deliverables*: The Contractor shall prepare and provide all reports and other deliverables, listed in Attachment 10, "Reporting Requirements and Other Deliverables (Part B)," as they relate to the Contractor's specific Statement of Work. The relevant reports and deliverables will be agreed upon by the Government and the Contractor during negotiations.

K. CONTRACT REVIEW MEETINGS

1. *Post-Award Contract Initiation Meeting*:

    a. Within thirty (30) calendar days of the effective date of the contract, the Contractor shall plan, conduct and be responsible for the logistical arrangements for a 1.5-day Post-award Contract Initiation Meeting to be held in the Bethesda, Maryland area.
    b. The Principal Investigator, Project Manager, all key investigators, key subcontractor personnel, the Project Officer, other NIAID and BARDA (if applicable) staff designated by the Project Officer, and the Contracting Officer shall attend this meeting.
    c. The purpose of this meeting shall be to review the Product Development Plan and to coordinate activities and communication.
    d. The Principal Investigator shall provide slide presentations and a detailed summary of meeting discussions to the Project Officer and the Contracting Officer within twenty-one (21) calendar days following the date of the meeting.

2. *Annual Review Meetings*

    a. The Contractor, in consultation with the Project Officer, shall plan, organize and conduct 2-day Annual Review Meetings to be held at the twelve (12) month mark of each contract year at locations that will alternate between the Contractor's site and the Bethesda, Maryland area.
    b. The Principal Investigator, Project Manager, all key investigators, and key Contractor and subcontractor personnel shall attend these meetings, and the agenda shall be prepared by the Project Officer in consultation with the Principal Investigator.
    c. Annual Review Meetings shall be closed to the public and shall involve oral and electronic presentations to provide:

        1) Updates on the status of efforts for each milestone since the prior meeting.
        2) A description of any problem(s) that may have arisen and actions taken or recommended to resolve identified problems.
        3) A discussion of future plans for each milestone.

    d. The Principal Investigator shall prepare and submit written summaries of the Annual Review Meetings to the Contracting Officer and the Project Officer within twenty-one (21) calendar days after completion of each meeting.

3. *Additional Contract Meetings*

    a. The Principal Investigator, Project Manager, and Contractor and subcontractor personnel shall attend at least two additional 1-day meetings per year at locations that will alternate between the Contractor's site and the Bethesda, Maryland area at the request of the Project Officer, as necessary, to discuss contract specific issues and to review recommended changes or deviations from milestones and timelines in the approved Product Development Plan.
    b. The Principal Investigator shall prepare and submit written summaries of the Additional Contract Meetings to the Contracting Officer and Project Officer within twenty-one (21) calendar days after completion of each meeting.

L. PUBLICATION AND PRESENTATION OF CONTRACT-GENERATED DATA AND MATERIALS

1. Any manuscript, scientific meeting abstract, or oral presentation containing data generated under the contract shall be submitted to the Project Officer for review prior to submission for publication or public presentation.

2. Manuscripts shall be submitted no less than thirty (30) calendar days in advance of submission; abstracts and oral presentations shall be submitted no less than ten (10) calendar days in advance of presentation.

3. The Project Officer will review all manuscripts and abstracts in a period of time not to exceed thirty (30) calendar days from receipt for manuscripts and fifteen (15) calendar days from receipt for abstracts and oral presentations, and recommend changes. If the Project Officer does not provide comments within these timelines, the Contractor may proceed with public presentation, publication, or release. NIAID contract support and the contract number shall be acknowledged in all such publications and presentations.

4. The Government, through the Project Officer, shall have access to all protocols, procedures, SOPs, and data generated from the research and development activities supported under this contract.

[END OF PART B TECHNICAL REQUIREMENTS – BASE PERIOD]

M. TECHNICAL REQUIREMENTS (PART B OPTIONS)

In addition to the functions and services to be provided for the Base Period, two Part B Options for additional services under the contract may be exercised at the discretion of the Government and are defined as follows:

Statements of Work for Option(s): Offerors are required to provide a Statement of Work for each Option with their Technical Proposal (see Attachment 12, "Additional Technical Proposal Instructions", for further information on how to prepare the Statements of Work for the Option(s)).

Period of Performance for Option(s): Option 1 may be undertaken concurrently with the Base Period. However, Option 2 may not be undertaken until successful completion of Option 1, as determined by the Government.

PART B OPTION 1:
SCALE-UP OF cGMP MANUFACTURING

TECHNICAL REQUIREMENTS: Under this Part B Option 1, the Contractor shall conduct all activities required to complete the manufacture of 200,000 doses minimum target scale of filled and finished final product of the candidate vaccine produced in a validated production process. If this Option is exercised, the Contractor shall carry out the tasks and responsibilities delineated below for a two-year period of performance. The Contractor shall undertake activities under the Part B Option 1 based on Project Officer approval of timelines, plans and procedures.

A. PRODUCT DEVELOPMENT AND IMPLEMENTATION PLANS

The Contractor shall be required to perform the following activities and provide the following resources as appropriate to the scope of the negotiated Statement of Work for the Part B Option 1.

1. *Product Development Plan (PDP)*

   a. Within sixty (60) calendar days of exercise of Part B Option 1, submit a Part B Option 1 PDP for the scale up of cGMP manufacturing that clearly defines the developmental milestones and timelines necessary to complete and deliver a product suitable for further clinical trials within the twenty-four (24) months from exercise of Part B Option 1. The Part B Option 1 PDP shall clearly define all activities that will be performed to complete the manufacture of 200,000 doses minimum target scale of filled and finished final drug product of the candidate vaccine produced in a validated production process and shall clearly define all activities that will be performed to complete the proposed Statement of Work for this Part B Option 1. The following sections shall be included:

      - A non-clinical development plan.
      - A process development, manufacturing, formulation, and stability development plan.
      - A regulatory product development strategy.
      - Regulatory and quality compliance strategy, including a quality assurance plan.

   b. Identify proceed or not to proceed (Go/No Go) decision points throughout the Part B Option 1 period of performance and list the quantitative and qualitative assessment criteria, both scientific and regulatory, for advancing the candidate vaccine past each Go/No Go decision point to the next stage of product development. This shall include Go/No Go decision points for process development and manufacturing, product characterization and release, conduct of non-clinical studies, and interactions with the U.S. Food and Drug Administration (FDA) and IND submission. This shall also include a detailed timeline, in Gantt chart format with predecessor and successor logic, covering the initiation, conduct and completion of each product development task that is linked to direct costs for each product development milestone identified in the PDP.

   c. The Part B Option 1 PDP will be reviewed by the Project Officer and the Contracting Officer and revised by the Contractor, as necessary, to accommodate Project Officer and/or Contracting Officer comments. The Part B Option 1 PDP must be approved by the Project Officer and the Contracting Officer prior to the initiation any activities related to its execution. In addition, updates and changes to the Part B Option 1 PDP must be approved by the Project Officer and the Contracting Officer prior to the initiation any activities related to its execution.

2. *Implementation Plan*

   a. Within sixty (60) calendar days of exercise of Part B Option 1, submit a time-phased Part B Option 1 Implementation Plan, linked to direct costs, for each milestone identified in the Part B Option 1 Product Development Plan. The Part B Option 1 Implementation Plan shall identify the proposed technical approach for each activity to be performed to achieve the objectives of the Part B Option 1 Product Development Plan; shall contain sufficient detail to fully explain and justify the scientific/technical rationale for the proposed approaches and/or methodologies; and reflect a clear understanding of the scope and nature of the work being undertaken.

   b. The Part B Option 1 Implementation Plan will be reviewed by the Project Officer and Contracting Officer and revised by the Contractor, as necessary, to accommodate Project Officer and Contracting Officer comments. The Part B Option 1 Implementation Plan must be approved by the Project Officer and the Contracting Officer prior to the initiation of any activities related to its execution. The Contractor shall perform all activities based on defined milestones and timelines as approved by the Project Officer and the Contracting Officer.

B. NON-CLINICAL RESEARCH AND DEVELOPMENT

Conduct non-clinical research and development activities in accordance with the negotiated Part B Option 1 Statement of Work and the approved Part B Option 1 Product Development Plan, including assay and reagent development to support manufacturing, non-clinical studies and clinical trials; IND enabling non-clinical toxicology and safety studies required to support the development and submission of an IND Application to the FDA; and immunogenicity studies. Non-clinical studies must be conducted in compliance with the U.S. Code of Federal Regulations 21 CFR 58 (GOOD LABORATORY PRACTICE FOR NONCLINICAL LABORATORY STUDIES).

C. MANUFACTURE OF cGMP MATERIAL

Provide for manufacturing process and formulation development, including development and engineering runs, consistency lots, process validation and manufacture, formulation and stability testing (accelerated and real-time) of cGMP lot(s) of the candidate vaccine. Minimum target scale is 200,000 final container doses/lot. Final container cGMP vaccine shall be suitable for use in further clinical trials, and all manufacturing, release and stability testing shall be conducted in compliance with cGMP as stated in the U.S. Code of Federal Regulations – 21 CFR 58, 210, 211, 820.

D. REGULATORY COMPLIANCE, QUALITY ASSURANCE AND DATA MANAGEMENT

Provide for all regulatory compliance, quality assurance, and data management activities necessary to implement the approved Part B Option 1 Product Development Plan, including:

1. Responsibility for the development and implementation of data management and quality control systems/procedures, including the transmission, storage, confidentiality and retrieval of all study data.

2. Provide raw data or specific analyses of data generated with contract funding to the Project Officer.

3. Ensure strict adherence to FDA regulations and guidance, including requirements for the conduct of animal studies and assays under GLP and the manufacturing of the vaccine candidate under cGMP, and maintain quality assurance documentation to support adherence in these areas.

4. Provide documentation of an existing Quality Systems Plan that meets GLP standards (21 CFR Part 58) and cGMP standards (21CFR Part 211) and allows for continuous improvement. If subcontractors are utilized to perform any of the vaccine product development activities in the negotiated Part B Option 1 Statement of Work, following exercise of Part B Option 1 the Contractor shall be required to prepare and execute written Quality Agreements with each subcontractor to be signed by both the Contractor and each subcontractor. The Quality Agreement(s) shall be modified and updated as necessary and the Contractor shall be responsible for ensuring adherence to all terms of the Quality Agreements by all subcontractors are met throughout the Part B Option 1 period of performance.

5. Perform audits, as needed to evaluate compliance with FDA required cGMP and GLP standards, and submit reports on all such audits to the Project Officer and the Contracting Officer within thirty (30) calendar days of audit completion. In addition, NIAID reserves the right to conduct independent audits of the Contractor and its subcontractors as needed to evaluate compliance with FDA required cGMP and GLP standards. The Contractor shall fully support these audits, including ensuring that all records and staff are available in response to site visits or study-specific audits by NIAID or its designee.

E. FACILITIES, EQUIPMENT AND OTHER RESOURCES

Provide the facilities, equipment, space and other resources necessary to implement the approved Part B Option 1 Final Product Development Plan in compliance with all Federal and NIH regulations. This includes facilities and resources to conduct work in accordance with the Biosafety in Microbiology and Biomedical Laboratories (BMBL) Guidelines, Centers for Disease Control and Prevention and the National Institutes of Health, fifth ed. (http://www.cdc.gov/od/ohs/biosfty/bmbl5/bmbl5toc.htm).

[END OF TECHNICAL REQUIREMENTS - PART B OPTION 1]

PART B OPTION 2

DESIGN AND CONDUCT OF A PHASE 2 CLINICAL TRIAL, AND IND PREPARATION, SUBMISSION AND SPONSORSHIP

TECHNICAL REQUIREMENTS: Under this Part B Option 2, the Contractor shall design, conduct, complete, and analyze the final data for a Phase 2 clinical trial in healthy subjects ages 18 to 40 to further evaluate the safety and immunogenicity of the recombinant protective antigen (rPA)-based third generation anthrax vaccine candidate; prepare all documentation required for and submit an IND application to the FDA for a Phase 2 clinical trial for the candidate vaccine; and serve as the IND sponsor. The Phase 2 clinical trial shall extend the findings of the Phase 1 clinical trial and shall focus on safety and dose optimization. If this Option is exercised, the Contractor shall carry out the tasks and responsibilities delineated below for a two-year period of performance. The Contractor shall undertake activities under the Part B Option 2 based on Project Officer approval of timelines, plans and procedures. Review of the clinical protocol by the appropriate NIAID review committee and approval by the Project Officer are required prior to filing of the IND and prior to participant enrollment.

The Contractor shall be required to perform the following activities and provide the following resources as appropriate to the scope of the negotiated Statement of Work for the Part B Option 2.

A. Phase 2 Clinical Protocol Development and Implementation Plan

1. Within three (3) months of exercise of Part B Option 2, prepare and submit, for Project Officer review and approval, a Draft Phase 2 Clinical Protocol Development and Implementation Plan that provides the following:

    a. A clinical protocol synopsis describing the primary and secondary objectives, statistical design and analysis plans, assays to assess safety and immunogenicity, data and safety monitoring plan, and data collection, management and quality control processes and procedures.

    b. The proposed clinical trial site(s), Clinical Trial Principal Investigator and other clinical personnel, documentation of organizational and individual experience and expertise with respect to the conduct of research involving human subjects in compliance with Federal regulatory requirements and Good Clinical Practice (GCP) guidelines, and documentation of the willingness of the proposed sites and personnel to participate in the Phase 2 clinical trial. This shall include a description of the clinical facilities, equipment and other resources to be made available for conducting the Phase 2 clinical trial, including laboratory facilities and document of compliance with Good Laboratory Practices (GLP).

    c. A discussion of the proposed regulatory strategy and plans to develop materials for and submit an IND to the FDA.

    d. Proposed timelines for the initiation, execution and completion of all tasks required for protocol development, IND submission, protocol implementation, completion and analysis of final study data.

    e. A description of proposed plans and procedures to manage the Phase 2 clinical trial, including consultants and subcontractors, and to monitor compliance with Federal regulations and GCP and GLP guidelines.

2. Revise the Draft Phase 2 Clinical Protocol Development and Implementation Plan as necessary to accommodate Project Officer's comments and prepare the Final Phase 2 Clinical Protocol Development and Implementation Plan. Project Officer's comments are due to the Contractor within fifteen (15) calendar days of receipt of the Draft Phase 2 Clinical Protocol Development and Implementation Plan. The Final Phase 2 Clinical Protocol Development and Implementation Plan shall be submitted to the Project Officer within fifteen (15) calendar days of receipt of Project Officer's comments. Project Officer approval of the Final Phase 2 Clinical Protocol Development and Implementation Plan is required prior to IND submission and prior to enrollment of study participants.

3. Within twenty-four (24) months of the exercise of Part B Option 2, design, conduct, complete and analyze the data from the Phase 2 clinical trial. Review of the clinical protocol by the appropriate NIAID review committee and approval by the Project Officer are required prior to filing of the IND and prior to participant enrollment. This shall include the following tasks and responsibilities:

B. Clinical Protocol Development and Clinical Trial Conduct

1. Develop the final clinical trial protocol and have ultimate responsibility for the conduct of the Phase 2 clinical trial and adherence to Federal regulations and the DMID, NIAID, NIH policies and guidelines for the conduct of research involving human subjects. Copies of Department of Health and Human Services (DHHS) regulations for the protection of human subjects, 45 CFR Part 46, are available from the Office for Human Research Protections (OHRP), Office of the Secretary (OS), DHHS at: (http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm). DMID policies, guidelines, templates and other important information regarding performing human subjects research are available at: (http://www.niaid.nih.gov/dmid/clinresearch).

2. It is required that the information contained in the DMID Serious Adverse Event (SAE) Report Form be included in the Contractor's SAE Report Form, and it is recommended that the Contractor use the DMID SAE Report Form located at: (http://www.niaid.nih.gov/dmid/clinresearch). SAE Reports must be submitted to the DMID Office of Clinical Research Affairs, according to the Clinical Terms of Award (see below).

C. Clinical Trial Monitoring Plan

Develop and implement a Clinical Trial Monitoring Plan as part of the clinical protocol in accordance with the following requirements:

1. Comply with all Federal requirements and regulations and the NIAID Clinical Terms of Award: http://www.niaid.nih.gov/ncn/pdf/clinterm.pdf

2. Submit the final clinical trial protocol, all protocol amendments, and supporting documentation (e.g., investigators brochure, informed consent form, Manual of Procedures, plans for the collection, management and quality control of clinical study data, plans for statistical analysis of clinical study data, site assessments, site activation plans, site quality management plans, clinical safety monitoring plan and local Institutional Review Board (IRB) approval prior to study initiation) to the Project Officer for review and approval by the appropriate NIAID review committee (**Note:** The Clinical Trial Monitoring Plan is part of the DMID protocol template and is also subject to approval by the Project Officer).

D. IND Preparation, Submission and Sponsorship

1. Prepare all documentation required for and submit an IND application to the FDA for the Phase 2 clinical trial.

2. Serve as the IND sponsor with responsibility for:

   a. Preparing materials for and requesting, scheduling and participating in all meetings and teleconferences with the FDA, including meetings and teleconferences to review the IND pre- and post-submission;

   b. Preparing and submitting to the FDA all documentation and reports necessary to comply with regulatory requirements in a timely manner, consistent with timelines set out in the approved Phase 2 Clinical Protocol Development and Implementation Plan and by the FDA;

   c. Including NIAID staff, as designated by the Project Officer, in meetings and teleconferences with the FDA; and

   d. Providing copies of all project-related FDA correspondence, meeting/teleconference minutes, and IND amendments, including the initial IND filing, to the Project Officer.

[END OF TECHNICAL REQUIREMENTS - PART B OPTION 2]

ATTACHMENT 10
REPORTING REQUIREMENTS AND OTHER DELIVERABLES (Part B)

PART B: THIRD GENERATION ANTHRAX VACCINES

Biodefense Vaccine Enhancement
BAA NIH-BARDA-NIAID-DMID-AI2007007

ARTICLE C.2. REPORTING REQUIREMENTS

All reports required herein shall be submitted in electronic format. In addition, one hardcopy of each report shall be submitted to the Project Officer and Contracting Officer, unless otherwise specified. The reports included in this Article are applicable to the Base contract and, if executed, will also apply to the Option(s).

a. **Technical Reports**

In addition to those reports required by the other terms of this contract, the Contractor shall prepare and submit the following reports in the manner stated below and in accordance with the DELIVERIES ARTICLE in SECTION F. These reports are subject to technical inspection and requests for clarification by the Project Officer.

Format of Cover Page: All reports shall include a cover page prepared in accordance with the following format:

- Contract Number and Project Title
- Title of Report
- Period of Performance Being Reported
- Contractor's Name and Address
- Author(s)
- Date of Submission
- Delivery Address

1) **Monthly Progress Report**

The Monthly Progress Report shall include a description of the activities during the reporting period, and the activities planned for the ensuing reporting period. The first reporting period consists of the first full month of performance plus any fractional part of the initial month. Thereafter, the reporting period shall consist of each calendar month. A Monthly Progress Report shall not be submitted when an Annual Progress Report or the Final Report is due.

Section A – An introduction covering the purpose and scope of the contract effort.

Section B – The Monthly Progress Report shall describe the results of work performed during the reporting period for each milestone and key objective in the approved Product Development Plan. For each milestone, include a summary of accomplishments in sufficient detail to explain comprehensively the results achieved, and a summary of any technical issues/problems encountered during the reporting period. The description shall include pertinent data and/or graphs in sufficient detail to explain any significant results achieved, preliminary conclusions resulting from analysis, and scientific evaluation of data accumulated to date under the project for each milestone. The current status of each milestone and sub-task shall be displayed on an updated Gantt chart as a component of the

Monthly Progress Report. In addition, requests and approvals to conduct human trials, and Inclusion Enrollment Report forms, when appropriate, shall be included. Preprints and reprints of papers, abstracts, and slides used in oral presentations shall also be submitted with the Monthly Progress Report.

Section C - *Substantive performance*: Describe current technical or substantive performance. Explain any differences between planned progress and actual progress, reasons for differences that have occurred, and, if behind schedule, proposed corrective actions to be taken. Address any problems encountered during the reporting period; describe the effect of problems encountered on the project, schedule and or budget; identify proposed solutions or actions taken to resolve problems; and provide a summary of actions or recommendations to alleviate the reoccurrence of the problems.

Section D - Estimated and actual total costs incurred shall be provided for each milestone and task performed during the reporting period. Costs shall be reported by a breakdown of Direct Labor, Direct Materials, Subcontracts, Consultants, Travel, etc.

2) **Annual Progress Report**

The Annual Progress Report shall include a summation of the results of the entire contract work for the period covered. The first report is due twelve (12) months after the effective date of contract, and, then annually 30 days after each anniversary date of the contract. An Annual Progress Report will not be required for the period when the Final Report is due.

Section A – An introduction covering the purpose and scope of the contract effort.

Section B – Describe the results of work accomplished during the reporting period in relation to the approved Product Development Plan and each key objective and milestone. For each milestone, include a summary of accomplishments in sufficient detail to explain comprehensively the results achieved, and a summary of technical issues/problems encountered for the reporting period. The description shall include pertinent data and/or graphs in sufficient detail to explain any significant results achieved, preliminary conclusions resulting from analysis, and scientific evaluation of data accumulated to date under the project for each milestone. The current status of each milestone and sub-task shall be displayed on an updated Gantt chart as a component of the Annual Progress Report. In addition, requests and approvals to conduct human trials, and Inclusion Enrollment Report forms, when appropriate, shall be included.

Section C - *Substantive performance*: Describe current technical or substantive performance, any problems encountered, and corrective actions taken or proposed. Explain any differences between planned progress and actual progress, reasons for differences that have occurred, and corrective actions taken or proposed. Provide a summary of work proposed for the next year period. Submit copies of manuscripts (published and unpublished), abstracts, and any protocols or methods developed specifically under the contract during the reporting period. Include a summary of any inventions developed during the course of the contract.

Section D - Estimated and actual total costs incurred shall be provided for each milestone and task performed during the reporting period. Costs shall be reported by a breakdown of Direct Labor, Direct Materials, Subcontracts, Consultants, Travel, etc.

3) **Annual Technical Progress Report for Clinical Research Study Populations**

The Contractor shall submit information about the inclusion of women and members of minority groups and their subpopulations for each study being performed under this contract. The Contractor shall submit this information in the format indicated in the attachment entitled, "Inclusion Enrollment Report," which is set forth in Section J of the contract. The Contractor also shall use this format, modified to indicate that it is a final report, for reporting purposes in the Final Report.

The Contractor shall submit the report in accordance with DELIVERIES Article in SECTION F of the contract.

In addition, the NIH Policy and Guidelines on the Inclusion of Women and Minorities as Subjects in Clinical Research, Amended October, 2001, applies. If this contract is for Phase 3 clinical trials, see II.B of these guidelines. The Guidelines may be found at the following website:
http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm.

Include a description of the plans to conduct analyses, as appropriate, by sex/gender and/or racial/ethnic groups in the clinical trial protocol as approved by the IRB, and provide a description of the progress in the conduct of these analyses, as appropriate, in the Annual Progress Report and the Final Report. If the analysis reveals no subset differences, a brief statement to that effect, indicating the subsets analyzed, will suffice. The Government strongly encourages inclusion of the results of subset analysis in all publication submissions. In the final report, the Contractor shall include all final analyses of the data on sex/gender and race/ethnicity.

4) **Draft Final Report**

The Contractor shall provide the Contracting Officer with two (2) copies of the Final Report in draft form ninety (90) calendar days prior to the completion date of this contract. The Final Report shall contain an executive summary for activities performed under the contract. The format described for the Monthly Progress Report shall be used for the Final Report. The Project Officer will review the Draft Final Report and provide the Contractor with comments within fifteen (15) calendar days after receipt. The Final Report shall be corrected by the Contractor, if necessary.

5) **Final Report**

The Final Report shall include a summation of the work performed and results obtained for the entire contract period of performance. This report shall be in sufficient detail to describe comprehensively the methods used and the results achieved, shall use the format for the Monthly Progress Report, and shall also contain an executive summary for activities performed under the contract. Preprints and reprints not submitted previously shall be submitted as an appendix. The Final Report shall be submitted in accordance with the DELIVERIES Article in SECTION F of the contract.

6) **Summary of Salient Results**

The Contractor shall submit, with the Final Report, a summary (not to exceed 200 words) of salient results achieved during the performance of the contract.

b. **Other Reports and Deliverables**

In addition to the above reports, the following are considered other reports and deliverables under this contract and are identified in the Statement of work. A listing is included in the DELIVERIES Article in SECTION F. Reporting requirement and deliverables for Part B Options will be determined at the time the Option(s) are exercised.

☒ **Human Subjects IRB Annual Report** (Form OMB No. 0990-0263-formerly Optional Form 310)

☒ **Invention Report Requirement** Use when Patent Rights (FAR 52.227-11 or 52.227-13) may be included in the contract.

☒ **Source Code and Object Code** Use when software is used, produced, modified or enhanced

Unless otherwise specified herein, the Contractor shall deliver to the Government, upon the expiration date of the contract, all source code and object code developed, modified, and/or enhanced under this contract.

1) **Product Development Plan**

Within thirty (30) calendar days of the effective date of the contract and prior to initiation of product development activities, the Contractor shall submit to the Project Officer and Contracting Officer an updated Product Development Plan to accomplish the product development activities detailed in the negotiated Statement of Work for the base period of performance.

Within sixty (60) calendar days of the exercise of Part B Option 1 and prior to the initiation of product development activities, the Contractor shall submit to the Project Officer and Contracting Officer a Part B Option 1 Product Development Plan to accomplish the product development activities detailed in the negotiated Statement of Work for Part B Option 1.

The Product Development Plan shall include:

a) clearly defined goals for each proposed stage of product development where “Go/No Go” decision points have been identified;
b) quantitative and qualitative criteria for assessing the scientific merit and feasibility of moving to the next stage of product development;
c) a detailed timeline with subtask, predecessor and successor logic for each milestone covering the initiation, conduct and completion of product development tasks; and
d) and a budget listing a breakdown of direct costs linked to each milestone, task and subtask.

2) **Implementation Plan**

Within thirty (30) calendar days of the effective date of the contract and prior to initiation of product development activities the Contractor shall submit to the Project Officer and Contracting Officer an updated Implementation Plan to accomplish the product development activities detailed in the negotiated Statement of Work for the base period of performance.

Within sixty (60) calendar days of the exercise of Part B Option 1 and prior to the initiation of product development activities, the Contractor shall submit to the Project Officer and

Contracting Officer a Part B Option 1 Implementation Plan to accomplish the product development activities detailed in the negotiated Statement of Work for Part B Option 1.

The Implementation Plan shall contain a detailed discussion of the proposed technical approach for each activity to be performed to achieve project objectives in sufficient detail to explain and justify fully the scientific/technical rationale for the proposed approaches and/or methodologies and reflecting a clear understanding of the scope and nature of the work to be carried out.

3) **Product Development Reports**

The Contractor shall provide all Product Development Reports that document compliance with the requirements of cGMP and product characterization and release testing in compliance with GLP, including Batch Records, Assay Protocols, Certificate of Analysis, Stability Reports, Shipping Validation Reports, Draft Animal Efficacy Study Protocols/Reports, Final Animal Efficacy Study Protocols/Reports, Non-clinical Data and Chemistry, Manufacturing and Controls (CMC) information, and all raw data and statistical analyses to the Project Officer and the NIAID Regulatory Affairs designee.

4) **Non-Clinical Study Protocols and Reports**

The Contractor shall provide to the Project Officer and to the NIAID Regulatory Affairs designee Draft and Final Non-Clinical Study Protocols and Reports, including associated Standard Operating Procedures (SOPs), and procedures necessary to support the development and submission of IND applications to the FDA.

5) **Audit Reports**

The Contractor shall provide audit reports of all audits as needed to evaluate compliance with FDA required cGMP and GLP standards relating to this contract that are conducted either by the Contractor or the FDA to the Project Officer, Contracting Officer, and NIAID Regulatory Affairs designee within thirty (30) calendar days of the completion of the audit.

6) **Contract Initiation and Annual Contract Review Meeting Reports**

Reports of the Contract Initiation Meeting, the Annual Contract Review Meetings, and the Additional Contract Meetings shall be prepared and submitted by the Contractor to the Project Officer and Contracting Officer within twenty-one (21) calendar days following the meeting. These reports shall include a list of attendees, summaries of discussions, and copies of all meeting materials.

7) **Publications and Presentation Materials**

The Contractor shall provide manuscripts, scientific meeting abstracts, and oral presentations containing data generated under this contract to the Project Officer for review prior to submission for publication or public presentation.

a) Manuscripts shall be submitted no less than thirty (30) calendar days in advance of submission.

b) Abstracts and oral presentations shall be submitted no less than ten (10) calendar days in advance of presentation.

8) **Serious Adverse Events Reports**

The Contractor shall submit Serious Adverse Events (SAE) Reports to the Project Officer and to the NIAID Regulatory Affairs designee according to the NIAID Clinical Terms of Award (http://www.niaid.nih.gov/ncn/pdf/clinterm.pdf).

9) **Clinical Trial Monitoring Plan and Clinical Trial Protocols**

The NIAID has a responsibility to ensure that mechanisms and procedures are in place to protect the safety of participants in NIAID-funded clinical trials. Therefore, as described in the NIAID Clinical Terms of Award (http://www.niaid.nih.gov/ncn/pdf/clinterm.pdf), the Contractor shall develop a protocol for each clinical trial and submit all protocols and protocol amendments for approval by the Project Officer. Protocols must be submitted using the approved DMID template and include a sample Informed Consent and Clinical Trials Monitoring Plan. The DMID templates and other important information regarding performing human subjects research are available at http://www3.niaid.nih.gov/research/resources/DMIDClinRsrch/.

10) **FDA Correspondence and Meeting Summaries**

The Project Officer and Project Officer's designees shall be granted permission by the Contractor to be an observer at all FDA meetings and teleconferences related to any activities being performed as part of this contract, including work performed by subcontractors and collaborators. The Contractor shall provide copies of all correspondence relating to this contract sent to and received from the FDA and shall provide minutes of meetings held with the FDA within five (5) calendar days of the meeting date to the Project Officer and the NIAID Regulatory Affairs designee.

11) **Final Clinical Study Report**

The Final Clinical Study Report shall follow the ICH guidelines on Structure and Content of Clinical Study Reports E3 (http://www.pharmacontract.ch/support/su_ich_liste.htm). Final Clinical Study Reports shall be provided within thirty (30) calendar days of the completion of the analysis of all clinical trial data to the Project Officer and the NIAID Regulatory Affairs designee.

SECTION D – PACKAGING, MARKING, AND SHIPPING

☒ Temperature controlled environment is required
☐ Shipments will be time sensitive/time critical
☒ International shipping will apply
☐ Shipping insurance is required
☐ Hazardous Materials shipping is applicable
☐ Other (list as necessary) _____

ARTICLE F.2. - DELIVERIES

Satisfactory performance of the final contract shall be deemed to occur upon performance of the work described in the STATEMENT OF WORK Article in SECTION C of this contract and upon delivery and acceptance by the Contracting Officer, or the duly authorized representative, of the following items in accordance with the stated delivery schedule. The reports included in this Article are applicable to the Base contract and, if executed, will also apply to the Option(s).

The items specified below as described in the REPORTING REQUIREMENTS Article in SECTION C of this contract. will be required to be delivered F.o.b. Destination as set forth in FAR 52.247-35, F.o.b. DESTINATION, WITHIN CONSIGNEES PREMISES (APRIL 1984), and in accordance with and by the date(s) specified below [and any specifications stated in SECTION D, PACKAGING, MARKING AND SHIPPING, of this contract]:

a. Technical Progress Reports for Part B

Item	Reports	Recipients	**Delivery Schedule**
1.	Monthly Progress Report	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	The first report is due on/before _____. Thereafter, each report is due on/before the 15th of the month following each reporting period. Monthly reports are not required when an Annual Progress Report or Final Report is due.
2.	Annual Progress Report	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	The first report is due on/before _____. Thereafter, each report is due on/before the 30th of the month following each anniversary date of the contract. An Annual Progress Report is not due when a Final Report is due.
3.	Annual Technical Progress Report for Clinical Research Study Populations	1 hard copy to PO 1 original to CO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO, CO, and NIAID Regulatory Affairs designee	The first report is due on/before _____. Thereafter, each report is due on/before the 30th of the month following each anniversary date of the contract.
4.	DRAFT Final Report	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	Due 90 calendar days prior to the completion date of the contract. Project Officer's comments due to the Contractor within 15 calendars days after receipt.
5.	Final Report and Summary of Salient Results	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	Due on/before the completion date of the contract.

b. Other Reports and Deliverables (Delivery Schedule)

Item	Deliverables	Reference	Recipient	Delivery Schedule
1.	Product Development Plan	*Attachment 10, paragraph b.1)* *Attachment 9, paragraph 2)A.1.*	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	The initial plan is due 30 calendar days following the effective date of the contract and prior to the initiation of any product development activities. Thereafter, submit annually on/before the 30th of the month following each anniversary date of the contract and following any milestone change or deviation.
2.	Implementation Plan	*Attachment 10, paragraph b.2)* *Attachment 9, paragraph 2)A.2.*	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	The initial plan is due 30 calendar days following the effective date of the contract and prior to the initiation of any activities related to its execution. Thereafter, submit annually on/before the 30th of the month following each anniversary date of the contract and following any milestone change or deviation.
3.	Publications and Presentations	*Attachment 9, paragraph 2)L.2.*	1 hard copy to PO 1 electronic copy to PO	For manuscripts, within 30 calendar days in advance of submission. For abstracts and oral presentations, within 10 calendar days in advance of presentation.
4.	Product Development Report Batch Records	*Attachment 10, paragraph b.3)*	1 hard copy to PO	As negotiated.
5.	Product Development Report Assay Protocols	*Attachment 10, paragraph b.3)*	1 hard copy to PO	As negotiated.
6.	Product Development Report Certificate of Analysis	*Attachment 10, paragraph b.3)*	1 hard copy to PO	As negotiated.
7.	Product Development Report, Stability Reports	*Attachment 10, paragraph b.3)*	1 hard copy to PO 1 electronic copy to PO	As negotiated.
8.	Product Development Report Shipping Validation Reports	*Attachment 10, paragraph b.3)*	1 hard copy to PO 1 electronic copy to PO	As negotiated.

Item	Deliverables	Reference	Recipient	Delivery Schedule
9.	Product Development Report Draft Animal Efficacy Study Protocols/Reports	*Attachment 10, paragraph b.3)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As negotiated.
10.	Product Development Report Final Animal Efficacy Study Protocols/Reports	*Attachment 10, paragraph b.3)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As negotiated.
11.	Non-clinical Data and Chemistry, Manufacturing and Controls (CMC) information	*Attachment 10., paragraph b.3)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As negotiated.
12.	Raw data and/or specific analyses of data	*Attachment 10., paragraph b.3)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As negotiated.
13.	Draft Non-clinical Study Protocols/Reports	*Attachment 10, paragraph b.4)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As negotiated.
14.	Final Non-clinical Study Protocols/Reports	*Attachment 10, paragraph b.4)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As negotiated.

Item	Deliverables	Reference	Recipient	Delivery Schedule
15.	Quality Systems Agreements	*Attachment 9, paragraph 2)F.5.*	1 hard copy to PO 1 electronic copy to PO	Within 30 calendar days of the effective date of the contract and prior to initiation of any product development activities.
16.	Audit Reports (as needed to evaluate compliance with FDA required cGMP and GLP standards) Applicable to Base Period and Part B Options.	*Attachment 10, paragraph b.5)* *Attachment 9, paragraph 2)F.6.*	1 hard copy to PO 1 hard copy to CO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO, CO, and NIAID Regulatory Affairs designee	Final reports due within 30 calendar days of each audit.
17.	Contract Initiation Meeting, Annual Contract Review Meetings, and Additional Contract Meetings Reports	*Attachment 10, paragraph b.6)* *Attachment 9, Paragraph 2)K.*	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	Within 21 calendar days of each meeting.
18.	Publications and Presentations	*Attachment 10., paragraph b.7)* *Attachment 9, paragraph 2)L.*	1 hard copy to PO 1 electronic to PO	For manuscripts, within 30 calendar days in advance of submission. For abstracts and oral presentations, within 10 calendar days in advance of presentation.
19.	SAE Reports	*Attachment 10., paragraph b.8)* *Attachment 9., paragraph 2)D.1.b.*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As per NIAID's Clinical Terms of Award
20.	Clinical Trial Monitoring Plan, and Clinical Trial Protocols	*Attachment 10, paragraph b.9)* *Attachment 9., paragraph 2)D.2.*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As per NIAID's Clinical Terms of Award
21.	FDA Correspondence and Meeting Summaries	*Attachment 10, paragraph b.10)* *Attachment 9, paragraph 2)E.2.d.*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	Within 5 working days of the interaction.

Item	Deliverables	Reference	Recipient	Delivery Schedule
22.	Final Clinical Study Report Applicable to Base Period and Part B Option 2.	*Attachment 10, paragraph b.11)*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	Within 30 calendar days of the completion of the analysis of all clinical trial data.
23.	Annual Utilization Report	*See Article C.3.*	1 hard copy to CO	Due on/before the 30th of the month following the anniversary date of the contract.
24.	Final Invention Statement	*See Article C.3.*	1 hard copy to CO	Due on/before completion date of the contract.
25.	All reports and Documentation including the invention disclosure report, the confirmatory license, and the government support certification	*See Article C.3.*	1 hard copy to OPERA	As required by FAR Clause 52.227-11.
26.	Part B Option 1 Product Development Plan	*Attachment 10., paragraph b.1)* *Attachment 9., paragraph 2)M., Part B Option 1, A.1.*	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	Due within 60 calendar days after the Option is exercised.
27.	Part B Option 1 Implementation Plan	*Attachment 10., paragraph b.2)* *Attachment 9., paragraph 2)M., Part B Option 1, A.2.*	1 hard copy to PO 1 original to CO 1 electronic copy to PO and CO	Due within 60 calendar days after the Option is exercised.
28.	Part B Option 1 Product: 200,000 doses minimum target scale of filled and finished final product.	*Attachment 9., paragraph 2)M., Part B Option 1, paragraph C.*	TBD	Due within 24 months after Option 1 is exercised or no later than the completion date of Option 1.
29.	Part B Option 1 Raw data and/or specific analyses of data	*Attachment 9., paragraph 2)M., Part B Option 1, paragraph D.2.*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As negotiated.

Item	Deliverables	Reference	Recipient	Delivery Schedule
30.	Part B Option 2, Draft and Final Phase 2 Clinical Protocol Development and Implementation Plan	*Attachment 9., Paragraph 2)M., Part B Option 2, A.*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	Draft due within 3 months of exercise of Part B Option 2. Final due within 15 calendar days of receipt of Project Officer's comments.
31.	Part B Option 2, SAE Reports according to the Clinical Terms of Award	*Attachment 10., paragraph b.8)* *Attachment 9., Paragraph 2)M., Part B Option 2, B.2.*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As per NIAID's Clinical Terms of Award
32.	Part B Option 2 Clinical trial protocol amendments and supporting documentation including Clinical Trial Monitoring Plan	*Attachment 10, paragraph b.9)* *Attachment 9., Paragraph 2)M., Part B Option 2, C.2.*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	As per NIAID's Clinical Terms of Award
33.	Part B Option 2 FDA Correspondence and Meeting Summaries	*Attachment 10, paragraph b.10)* *Attachment 9., Paragraph 2)M., Part B Option 2, D.2.d.*	1 hard copy to PO 1 hard copy to NIAID Regulatory Affairs designee 1 electronic copy to PO and NIAID Regulatory Affairs designee	Within 5 working days of interaction.

c. Copies of reports shall be sent to the following addresses:

Project Officer

National Institutes of Health, DHHS
National Institute of Allergy and Infectious Diseases
Division of Microbiology and Infectious Diseases (DMID)
6610 Rockledge Drive, Room xxxx, MSC 6604
Bethesda, MD 20892-6604
(Room Number and e-mail address provided at time of award)

NIAID Contracting Officer

National Institutes of Health, DHHS
National Institute of Allergy and Infectious Diseases
Division of Extramural Activities, OA
6700-B Rockledge Drive, Room 3214, MSC 7612
Bethesda, MD 20892-7612
(email address provided at contract award)

OPERA	National Institutes of Health Office of Policy for Extramural Research Administration (OPERA) Extramural Inventions and Technology Resources Branch 6705 Rockledge Drive, Room 1040-A, MSC 7980 Bethesda, MD 20892-7980

ATTACHMENT 11
SECTION M –EVALUATION FACTORS FOR AWARD (Part B)

PART B: THIRD GENERATION ANTHRAX VACCINES

Biodefense Vaccine Enhancement
BAA NIH-BARDA-NIAID-DMID-AI2007007

1) GENERAL

Selection of an Offeror for contract award will be based on an evaluation of proposals against three factors. The factors in the order of importance are: technical, cost, and Small Disadvantaged Business (SDB) participation. Although technical factors are of paramount consideration in the award of the contract, cost/price, and SDB participation are also important to the overall contract award decision. All evaluation factors other than cost or price, when combined, are significantly more important than cost or price. In any case, the Government reserves the right to make an award(s) to that Offeror whose proposal provides the best overall value to the Government.

In addition, because of the uncertainty in candidate vaccine efficacy, the need to maintain a balanced portfolio of different vaccine modalities in order to meet NIAID's commitment to vaccine development is critical and will be considered in making awards. Overlap with funding made through other DMID and BARDA funding mechanisms will also be considered as a factor in achieving programmatic balance. Thus, the Government reserves the right to make awards to cover significantly different novel vaccine concepts as a mechanism to achieve programmatic balance.

All technical proposals submitted in response to this solicitation will undergo evaluation by a peer review group also known as a Scientific Review Group (SRG). NIAID reserves the right to convene multiple SRGs to evaluate proposals. Proposals submitted to Part A and/or Part B of this BAA may be evaluated independently and a separate order of merit ranking will be established for each part.

The final stage of the evaluation is the establishment of an Order of Merit Ranking in which all competing proposals are ranked on the basis of their respective relevance and scientific merit evaluations. Final selection of awards will depend upon the availability of funds, scientific priority, and programmatic balance that the NIAID and BARDA determine to exist at the time of award selection.

The estimated cost of an offer must be reasonable for the tasks to be performed, and, in accordance with FAR 15.305, will be subject to a cost realism analysis by the Government.

Offerors must demonstrate in their proposals that they have the necessary expertise and capabilities for conducting the research as requested by this solicitation. Each proposal must document the feasibility of successful implementation of the requirements of the BAA.

The evaluation will be based on the demonstrated capabilities of the Offerors in relation to the needs of the project as set forth in the BAA. The merits of each proposal will be evaluated carefully. Each proposal must document the feasibility of successful implementation of the requirements and objectives of the BAA. Offerors must submit information sufficient to evaluate their proposals based on the detailed criteria listed below.

2) **EVALUATION OF OPTIONS**

It is anticipated that any contract(s) awarded from this solicitation will contain option provision(s) and period(s).

In accordance with FAR Clause 52.217-5, Evaluation of Options, (July 1990), the Government will evaluate offers for award purposes by adding the total price for all options to the total price for the basic requirement, except when it is determined in accordance with FAR 17.206(b) not to be in the Government's best interests. Evaluation of options will not obligate the Government to exercise the option(s).

3) **EVALUATION OF DATA SHARING PLAN**

The Offeror's plan for the sharing of final research data shall be assessed for appropriateness and adequacy.

If your proposal does not include a plan or if the plan in your proposal is considered "unacceptable" and your proposal is selected for negotiations from the Order of Merit Ranking, you will be afforded the opportunity to further discuss, clarify or modify your data sharing plan during discussions and in your Final Proposal Revision (FPR). If your data sharing plan is still considered "unacceptable" by the Government after discussions, your proposal may not be considered further for award.

4) **HUMAN SUBJECT EVALUATION**

Offerors must satisfy the NIH clinical trials policy, which requires (see http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm):

a. **Protection of Human Subjects from Research Risks**

The Offeror's proposal must address the involvement of human subjects and protections from research risk relating to their participation in the proposed research plan, or provide sufficient information on the research subjects to allow a determination by NIAID that a designated exemption is appropriate.

If you claim that this research should be considered exempt from coverage by the Federal Regulations at 45 CFR 46, the proposal should address why you believe it is exempt, and under which exemption it applies.

The SRG will evaluate the proposal and provide a narrative with regard to four issues: Risks to Human Subjects, Adequacy of Protection Against Risks, Potential Benefits of the Proposed Research to the Subjects and Others, and Importance of the Knowledge to be Gained. See Section L for a complete discussion of what is required to be addressed for each of these issues. Based on the response to this criterion, this section of the proposal may be rated "unacceptable" (i.e., concerns are identified as to the protections described against risk to human subjects or no discussion is found regarding protections against risk to human subjects) or "acceptable."

If your discussion regarding the protection of human subjects from research risks is rated "unacceptable" and your proposal is selected for negotiations from the Order of Merit Ranking, you will be afforded the opportunity to further discuss and/or clarify your position during such discussions and in your Final Proposal Revision (FPR). If, after discussions, your proposed plan for the protection of human subjects from research risks is still found unacceptable, your proposal may not be considered further for award.

b. **Data and Safety Monitoring**

The Offeror's proposal must include a general description of the Data and Safety Monitoring Plan for all clinical trials. All Offerors are directed to the full text of the NIH Policies regarding Data and Safety Monitoring and Reporting of Adverse Events that are found in the NIH Guide for Grants and Contracts Announcements at the following web sites:

http://grants.nih.gov/grants/guide/notice-files/not98-084.html

http://grants.nih.gov/grants/guide/notice-files/not99-107.html

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-038.html

All Offerors receiving an award under this solicitation must comply with the NIH Policy cited in these NIH Announcements, the NIAID Clinical Terms of Award (http://www.niaid.nih.gov/ncn/pdf/clinterm.pdf), and any other data and safety monitoring requirements found elsewhere in this solicitation.

The principles of data and safety monitoring require that all biomedical and behavioral clinical trails be monitored to ensure the safe and effective conduct of human subjects research, and to recommend conclusion of the trial when significant benefits or risks are identified or if it is unlikely that the trial can be concluded successfully. Risks associated with participation in research must be minimized to the extent practical and the method and degree of monitoring should be commensurate with risk. Additionally, all plans must include procedures for adverse event reporting. Finally, generally, for Phase 3 clinical trials, the establishment of a Data and Safety Monitoring Board (DSMB) is required, whereas for Phase 1 and 2 clinical trials, the establishment of a DSMB is optional. The reviewers should refer to Section L in the solicitation, as well as any further technical evaluation criteria in this Section M, as applicable, for the solicitation's specific requirements for data and safety monitoring.

As a part of the evaluation for proposals, the reviewers will provide a narrative that describes the acceptability of the proposed data and safety monitoring plan with respect to the potential risks to human participants, complexity of study design, and methods for data analysis. Based on the evaluation of the response to this criterion, this section of the proposal may be rated "unacceptable" (i.e., concerns are identified as to the adequacy of the monitoring plan or no discussion can be found regarding the proposed monitoring plans) or "acceptable."

If the information provided regarding Data and Safety Monitoring is rated "unacceptable" and your proposal is selected for negotiations from the Order of Merit Ranking, you will be afforded the opportunity to further discuss and/or clarify your plan during such discussion and in your Final Proposal Revision (FPR). If, after discussions, the plan is still considered "unacceptable," your proposal may not be considered further for award.

c. **Women and Minorities**

Women and members of minority groups and their subpopulations must be included in the study population of research involving human subjects, unless a clear and compelling rationale and justification are provided indicating that inclusion is inappropriate with respect to the health of the subjects or the purpose of the research. In addition, for NIH-Defined Phase 3 clinical trials, all proposals and/or protocols must provide a description of plans to conduct analyses, as appropriate, to detect significant differences in intervention effect (see NIH Guide

http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm, Definitions – Significant Difference) by sex/gender, racial/ethnic groups, and relevant subpopulations, if applicable, unless the Government has specified that this solicitation involves a sex/gender specific study or a single or limited number of minority population groups. The proposal also must include one of the following plans:

- Plans to conduct valid analysis to detect significant differences in intervention effect among sex/gender and/or racial/ethnic subgroups when prior studies strongly support these significant differences among subgroups, OR
- Plans to include and analyze sex/gender and/or racial/ethnic subgroups when prior studies strongly support no significant differences in intervention effect between subgroups (representation of sex/gender and/or racial/ethnic groups as subject selection criterion is not required; however, inclusion and analyses are encouraged), OR
- Plans to conduct valid analyses of the intervention effect in sex/gender and/or racial/ethnic subgroups (without requiring high statistical power for each subgroup) when the prior studies neither support nor negate significant differences in intervention effect between subgroups.

Also, the proposal must address the proposed outreach programs for recruiting women and minorities as participants.

Reviewers will consider the areas covered here and in Section L of the solicitation in narrative form in their evaluation. Some of the issues they will evaluate include:

- whether the plan proposed includes minorities and both genders in adequate representation
- how the Offeror addresses the inclusion of women and members of minority groups and their subpopulations in the development of a proposal that is appropriate to the scientific objectives of the solicitation
- the description of the proposed study populations in terms of sex/gender and racial/ethnic groups and the rationale for selection of such subjects
- if exclusion is proposed, that the rationale is appropriate with respect to the health of the subjects and/or to the purpose of the research.
- In addition, for gender exclusion, the reviewers will examine the rationale to determine if it is because:

- the purpose of the research constrains the Offeror's selection of study participants by gender (e.g., uniquely valuable stored specimens or existing datasets are single gender; very small numbers of subjects are involved; or
- overriding factors dictate selection of subjects); or
- gender representation of specimens or existing datasets cannot be accurately determined, and this does not compromise the scientific objectives of the research.

- For minority group exclusion, the reviewers will examine the rationale to determine if those minority groups are excluded because:

- inclusion of those groups would be inappropriate with respect to their health; or

- inclusion of those groups would be inappropriate with respect to the purpose of the research.

If you determine that inclusion of women and minority populations is not feasible, you must submit a detailed rationale and justification for exclusion of one or both groups from the study population with the technical proposal. The Government will review the

rationale to determine if it is appropriate with respect to the health of the subjects and/or the purpose of the research.

Based on the evaluation of the response to this criterion, this section of the proposal may be rated "unacceptable" (i.e., no discussion can be found regarding the proposed gender/minority inclusion plans, or concerns are identified as to the gender or minority representation, or the proposal does not adequately address limited representation of one gender or minority; or the plan is not in accordance with NIH policy guidelines) or "acceptable." See Section L of the solicitation for the requirements of women/minorities inclusion.

If the information you provide in your proposal regarding the inclusion of women and minorities is rated "unacceptable" and your proposal is selected for negotiations from the Order of Merit Ranking, you will be afforded the opportunity to further discuss, clarify, or modify your plan during discussions and in your Final Proposal Revision (FPR). If your plan for inclusion/exclusion of women/minorities is still considered "unacceptable" by the Government, your proposal may not be considered further for award.

d. **Children**

Children (i.e., individuals under the age of 21) must be included in all human subject research unless there are clear and compelling reasons not to include them. http://grants.nih.gov/grants/guide/notice-files/not98-024.html

Your proposal must include a description of plans for including children. If you plan to exclude children from the required research, your proposal must present an acceptable justification for the exclusion. If you determine that exclusion of a specific age range of child is appropriate, your proposal must also address the rationale for such exclusion. Also, the plan must include a description of the expertise of the investigative team for dealing with children at the ages included, of the appropriateness of the available facilities to accommodate the children, and
the inclusion of a sufficient number of children to contribute to a meaningful analysis relative to the purpose/objective of the solicitation. Also, see Section L of the solicitation for further specific requirements on inclusion of children.

Based on the reviewers' narrative evaluation of the Offeror's response to this evaluation criterion, this section of the proposal may be rated "unacceptable" (i.e., no discussion can be found regarding the proposed inclusion plans for children; or concerns are identified as to the Offeror's response regarding the inclusion of children; or the plan is not in accordance with NIH policy guidelines) or "acceptable."

If the information provided in your proposal about the inclusion of children is rated "unacceptable" and your proposal is selected for negotiations from the Order of Merit Ranking, you will be afforded the opportunity to further discuss, clarify or modify your plan during discussions and in your Final Proposal Revision (FPR). If your plan for inclusion of children is still considered "unacceptable" by the Government after discussions, your proposal may not be considered further for award.

5) **PRE-AWARD SITE VISIT OR SITE AUDIT**

Offerors determined, upon completion of the scientific/technical peer review, to be in the order of Merit Ranking may be subject to auditing of their facilities and Quality Assurance/Quality Control (QA/QC) capabilities. The decision to audit specific facilities will be made by the Project Officer. If audits are performed during the negotiations, the results of the audits will be a factor in final selection for award of a contract. Offerors, including proposed subcontractors, will be requested to make all non-proprietary records, including previous regulatory inspection records, and staff available in response to a pre-award site visit or audit by the NIAID or its designee. **Due to timeline requirements, pre-award site visits may be made with short notice. Offerors are expected to guarantee the availability of key staff or other staff determined by the Government as essential for purposes of this site visit.**

6) **TECHNICAL EVALUATION CRITERIA**

The evaluation criteria are used by the technical evaluation committee when reviewing the technical proposals. The criteria below are listed in the order of relative importance with weights assigned for evaluation purposes.

OFFERORS AND REVIEWERS ARE ADVISED TO REFER TO ATTACHMENT 12 ENTITLED "ADDITIONAL TECHNICAL PROPOSAL INSTRUCTIONS" FOR GUIDANCE AND INFORMATION RELATED TO THE PREPARATION OF TECHNICAL PROPOSALS.

CRITERIA	**WEIGHT**
CRITERION 1: CURRENT PRODUCT DEVELOPMENT STATUS OF THE PROPOSED THIRD GENERATION ANTHRAX VACCINE CANDIDATE	**30**

The soundness, suitability, appropriateness, adequacy, completeness and feasibility of the following:

A. The proposed candidate anthrax vaccine for further development, as described in the current product development plan, including: the maturity and scale of the current production process for both Bulk Drug Substance and Final Drug Product; the compliance of the current production process with cGMP; the toxicity of any component of the proposed candidate vaccine; and the potential for achieving both long-term stability (i.e., 3 years or longer) at temperatures of at least 35^{o}C and protective immunity following administration of 1-2 doses.
B. The soundness and appropriateness of the validated manufacturing process for the recombinant protective antigen component BDS (2000L or greater).
C. The correlates of protection that may have been identified, the assays used, and the data to support the proof of concept efficacy for the proposed candidate vaccine following a spore challenge in one or more relevant animal models.
D. The stability profiles of the proposed candidate vaccine with and without stabilizing materials or processes.
E. Novel formulations/final vaccine presentation, new delivery platforms, investigational devices/technologies, and adjuvants other than aluminum that may be components of the proposed candidate vaccine.
F. Novel devices proposed to facilitate vaccine dosing, and documentation of filing of a pre-Investigational Device Exemption (pre-IDE) for the device/technology with the U.S. Food and Drug Administration (FDA), or filing of an

Investigational New Drug (IND) Application for another investigational vaccine product using the same proposed device/technology.

CRITERION 2: TECHNICAL PLAN/APPROACH **30**

The soundness, suitability, appropriateness, adequacy, completeness, and feasibility of:

A. The proposed Product Development and Implementation Plans to complete all activities within the 3-year base period of performance, including the technical methods for: cGMP manufacturing of the BDS; establishing and documenting a controlled and reproducible production process; optimizing product formulation and stability of the FDP; and establishing product release and characterization assays.

B. Milestones and decision criteria for "Go/No Go" evaluations of the candidate vaccine; and Gantt Chart and logic associated with task links to predecessors and successors.

C. The proposed non-clinical research and development plans, approaches and methodologies to develop, quantify and/or validate the proposed analytical methods, product release criteria, and assays and reagents required to evaluate immune responses the candidate vaccine; and conduct non-clinical safety and toxicology studies in accordance with FDA regulatory requirements.

D. The proposed plans, procedures and timelines for the development and implementation of a Phase 1 dose-escalating clinical trial of the candidate vaccine in healthy subjects ages 18 to 40, including:

1. The protocol synopsis for the dose-escalating Phase 1 clinical trial, including: (i) statistical design, including definition of primary and secondary objectives, inclusion and exclusion criteria, and primary and secondary end points/outcomes; (ii) statistical analysis plan; (iii) plans for data collection, management and quality control; (iv) plans for study participant screening, recruitment, retention and follow-up; (v) initial clinical site assessment and ongoing site monitoring plans; (vi) data and safety monitoring plan; and (ix) timelines for protocol development, implementation, completion and analysis;
2. The education, training, experience, expertise and level of effort of the proposed Clinical Trial Principal Investigator and all proposed clinical site personnel.
3. The plans and procedures to manage the clinical trial, including consultants and/or subcontractors, and to monitor compliance with all applicable Federal regulations and GCP guidelines for the conduct of clinical trials.
4. The proposed clinical facilities, equipment and other resources for conducting the clinical trial.
5. The proposed plans, procedures and timelines to prepare and submit an IND to the FDA and to keep NIAID apprised of progress and all communications with the FDA.
6. Organizational experience with the design, execution, analysis, and oversight of clinical trials for similar products relevant to the scope of this solicitation.
7. Previous experience in the conduct of human subjects research.
8. Organizational experience in the sponsorship of INDs for similar products.

E. The proposed plans and procedures for regulatory compliance, quality assurance, and data management with respect to systems and procedures for data management and quality control; statistical design and analysis resources; monitoring of adherence to FDA regulatory requirements; Quality Systems Plan and associated Standard Operating Procedures; plan to audit facilities and maintain compliance with FDA guidelines; and plans to communicate the results of audits to the Project Officer.

F. The appropriateness, adequacy and completeness of the proposed Statement of Work to describe all the necessary activities, objectives, approaches, methods, schedules, materials, personnel, equipment and facilities to perform the proposed Product Development and Implementation Plans within the 3-year contract period of performance.

CRITERION 3: SCIENTIFIC, TECHNICAL, AND MANAGEMENT PERSONNEL 25

A. *Principal Investigator* (PI): Appropriateness, adequacy, and relevance of the documented education, training, expertise, experience, qualifications, and availability (based on percent effort devoted to this project) of the PI to lead, direct and coordinate all contract activities, including activities carried out by subcontractors. This includes: scientific and technical knowledge and expertise with advanced vaccine research and development activities for infectious diseases, including cGMP manufacturing and with products regulated by the FDA; prior successful interactions with the FDA, including IND submissions; completion of preclinical and clinical vaccine studies; and the capacity to monitor progress, access performance, identify performance problems and implement corrective actions.

B. *Project Manager (PM)*: The documented training, expertise, experience, qualifications and availability (based on percent effort devoted to this project) of the Project Manager to monitor day-to-day activities of the program. This includes: monitoring and tracking of progress and timelines relative to both schedule and budget, including use of project management software, coordinating project and subcontractor activities, organizing meetings and teleconferences, and maintaining lines of communication with NIAID.

C. *Other Scientific and Technical Personnel*: Appropriateness, adequacy, and relevance of the documented education, training, expertise, experience, qualifications and availability of proposed other scientific and technical personnel of the offeror and any proposed subcontractors to carry out specific duties and responsibilities, as follows: conduct of the range of vaccine production activities, assays, and non-clinical studies and Phase 1 clinical trial; experience with products of a similar nature regulated by the FDA; and the regulatory requirements that govern the production of cGMP materials and testing in compliance with GLP and GCP; and experience and expertise in managing Quality Systems, Quality Assurance (QA) and Quality Control (QC) procedures.

CRITERION 4: FACILITIES, EQUIPMENT, OTHER RESOURCES, AND BIOCONTAINMENT SAFETY AND TRAINING 20

As required and/or appropriate for the offeror's proposed Statement of Work documented availability, suitability, capacity and adequacy of proposed facilities,

equipment and other resources for the development, manufacturing, preclinical testing, and clinical evaluation of a candidate vaccine suitable for use under IND, and the capacity of all facilities, equipment and other resources proposed to perform required testing in a timely and efficient manner with the resources dedicated to the project, including:

A. Information regarding ownership/lease of facilities, including demonstrated availability for the duration of the contract.
B. Biocontainment facilities and safety procedures to conduct studies in accordance with DHHS regulations regarding the transfer of Select Agents.
C. Documented cGMP compliance of the proposed product manufacturing facilities and documented GLP compliance of non-clinical toxicology facilities.
D. Compliance with all safety guidelines and regulations, including training and monitoring of personnel for exposure to infectious and other hazardous materials.
E. Facilities for the housing and care of laboratory animals.
F. Plan for obtaining, adding or deleting facilities as necessary due to progress during the course of product development.

CRITERION 5: PROJECT MANAGEMENT **15**

As required and/or appropriate for the offeror's proposed Statement of Work, the adequacy, appropriateness, suitability, relevance and completeness of the following:

A. The Project Management Plan for overall project organization, staffing, leadership, responsibilities, management, and lines of authority, including the plan to manage the work of consultants and/or subcontractors to meet the overall production, non-clinical and clinical testing.
B. The project management systems and quality control methods to ensure the effective initiation, implementation, conduct and completion of contract requirements, and to monitor, track and report Contractor and subcontractor costs and performance.
C. The plan for PI communication and interaction with the Contracting Officer and the Project Officer.
D. Plans for soliciting, evaluating, negotiating, awarding and managing any proposed subcontracts in accordance with Federal regulations.
E. Plans to identify and remediate problems in subcontractor performance.
F. Plan to organize the Annual Review Meetings and provide for a thorough assessment of contract status, problems and approaches to their resolution, and future plans.

TOTAL POSSIBLE POINTS (Base Period): **120**

EVALUATION OF PART B OPTIONS **20**

<u>Part B Option 1</u>: Scale-up of cGMP Manufacturing (10)

The soundness, suitability, appropriateness, adequacy, completeness and feasibility of the proposed approaches, methodologies, and timelines for the transition from pilot scale to large scale cGMP manufacturing of the third generation anthrax vaccine candidate, including:

A. Proposed mechanism to transfer and scale up the manufacturing process, including proposed procedures to establish and document process validation and the scientific basis for the large scale production process, and the production, analytical and release assays.
B. The proposed facility, equipment and other resources dedicated to the scale up of cGMP manufacturing.
C. The assays/specifications and reagents requiring additional development to meet FDA requirements for cGMP product manufacturing for use in further clinical trials.
D. The outline of the stability plan.
E. The regulatory product development strategy and outline of plans for CMC amendment preparation and submission.
F. The overview of plans for the ongoing monitoring of adherence to FDA regulatory requirements, standards and guidances and procedures for quality assurance and management of data for cGMP and GLP activities.
G. The proposed timeline for the development, initiation and completion of all activities within a 24-month period of performance.
H. The proposed Statement of Work to describe all the necessary objectives, activities, approaches, methods, schedules, materials, personnel, equipment and facilities to complete the manufacture of 200,000 doses minimum target scale of filled and finished final product of the candidate third generation anthrax vaccine in a validated production process within 24 months of exercise of the Option.

Part B Option 2: Design and Conduct of a Phase 2 Clinical Trial, and IND Preparation, Submission and Sponsorship (10)

The soundness, suitability, appropriateness, adequacy, completeness and feasibility of the following:

A. Proposed approaches and methodologies for the design, conduct, completion and analysis of a Phase 2 clinical trial, including: (i) proposed primary and secondary objectives; (ii) key statistical design and analysis considerations, preferred statistical design and analysis methodologies and rationale; (iii) recommended assays to assess safety and immunogenicity; (iv) provisions for data and safety monitoring; (v) anticipated number of clinical trial sites and target enrollment per site, pre-initiation site assessment plans and criteria, and post-implementation site monitoring plans and procedures; and (vi) strategies for the recruitment, retention and follow-up of study participants.
B. Proposed timelines for protocol development, IND preparation and submission, and clinical trial execution, completion and analysis of final study data within a 24-month period of performance.
C. The proposed Statement of Work to describe all the necessary objectives, activities, approaches, methods, schedules, materials, personnel, equipment and facilities for the design, conduct, completion, and analysis of the proposed Phase 2 Clinical Trial, and for the preparation, submission, and sponsorship of an IND, within 24 months of exercise of the Option.

TOTAL POSSIBLE POINTS (with Part B Options) 140

7) **EXTENT OF SMALL DISADVANTAGED BUSINESS PARTICIPATION**

SDB participation will not be scored, but the Government's conclusions about overall commitment and realism of the Offeror's SDB Participation targets will be used in determining the relative merits of the Offeror's proposal and in selecting the Offeror whose proposal is considered to offer the best value to the Government.

Evaluation of SDB participation will be assessed based on consideration of the information presented in the Offeror's proposal. The Government is seeking to determine whether the Offeror has demonstrated a commitment to use SDB concerns for the work that it intends to perform.

Offers will be evaluated on the following sub-factors:

a) Complexity and variety of the work SDB concerns are to perform. Greater emphasis will be given for the arrangements where the SDB shall be performing work appropriate to the scientific objectives expressed in the Offeror's Statement of Work.
b) Extent of participation of SDB concerns in terms of the value of the total acquisition.

ATTACHMENT 12
ADDITIONAL TECHNICAL PROPOSAL INSTRUCTIONS,
FORMAT FOR TECHNICAL PROPOSAL, and TABLE OF CONTENTS (Part B)

PART B: THIRD GENERATION ANTHRAX VACCINES

Biodefense Vaccine Enhancement
BAA NIH-BARDA-NIAID-DMID-AI2007007

It is strongly recommended that Offerors use the following template as the Table of Contents for the Technical Proposal. All information presented in the Technical Proposal should be presented in the order specified below.

These additional Technical Proposal instructions reflect the requirements of the BAA and provide specific instructions and formatting for the Technical Proposal. While Section L.2.b. of the BAA provides a generic set of Technical Proposal instructions applicable to all NIH R&D solicitations, these additional Technical Proposal instructions are tailored to the specific requirements of the BAA. The information requested in these instructions should be used, along with Section L, to format and prepare the Technical Proposal, and should be used as a Table of Contents for your Technical Proposal. Offerors should follow the instructions in Section L of the solicitation, and include the information requested here.

Offerors are advised to give careful consideration to the Broad Agency Announcement Description, Background and Introduction, Research and Technical Objectives, all reference materials, and attachments, the Technical Evaluation Criteria in Section M, and the BAA as a whole in the development of their Technical Proposals.

Offerors proposing subcontracts to perform portions of the proposed Statement of Work should clearly identify the specific tasks for which they plan to utilize subcontractors, as well as the method and level of integration/coordination between the prime Contractor and all proposed subcontractors, and the expected advantages of such an approach.

PAGE LIMITATIONS: Offerors are reminded that the total page limitation for the entire Technical Proposal is 200 pages including all appendices and attachments. Any pages in excess of this limit will be expunged from the proposal and will not be considered in the technical review.

USE OF WEB LINKS AND URLs: Offerors should NOT place web links or URLS in the proposal, or otherwise direct readers to alternate sources of information, as reviewers will be instructed not to access any links.

TECHNICAL PROPOSAL – TABLE OF CONTENTS

SECTION 1

A. PROPOSAL TITLE PAGE. Include RFP title and number, name of organization, DUNS number, proposal part, and identify if the proposal is an original or a copy.
B. PROJECT OBJECTIVES (NIH FORM 1688-1)
C. GOVERNMENT NOTICE FOR HANDLING PROPOSALS
D. PROPOSAL SUMMARY AND DATA RECORD (NIH-2043)
E. TABLE OF CONTENTS

SECTION 2: TECHNICAL PROPOSAL OVERVIEW (suggested 3-page maximum out of the total page limitation)

Provide a brief description of the proposed program for the development and testing of the third generation anthrax vaccine candidate, including:

A. A brief summary describing the candidate vaccine the Offeror is proposing to advance, the intended indication, the biodefense/public health gap the product is intended to fill, and the stabilizing technology to be utilized.
B. A summary describing the scope of product development activities proposed.
C. A description of the activities to be performed by the Offeror and those that shall be performed by all proposed subcontractors, including identification of the proposed subcontractors, and a list of key personnel of the Offeror and the proposed subcontractors with degrees and titles.
D. A description of the facilities, equipment, and other resources to be made available by the Offeror and all proposed subcontractors.

SECTION 3: TECHNICAL PLAN/APPROACH

A. CURRENT PRODUCT DEVELOPMENT STATUS OF THE PROPOSED CANDIDATE VACCINE

NOTE: The government will **NOT** provide support for the development of devices for the delivery of vaccines.

Provide a detailed description of the current product development status of the proposed third generation anthrax vaccine candidate addressing the following:

1. The intended indication for the current anthrax vaccine candidate and the biodefense gap the product is intended to address.
2. The scientific basis for the selection of the proposed candidate anthrax vaccine and the proposed stabilizing technology.
3. The maturity of the current production process, the scale of the production process, (e.g., laboratory, pilot, etc.), and the compliance of the current production process with cGMP.
4. Stability profiles of the candidate anthrax vaccine with and without stabilizing materials or processes.
5. Stability profiles of other vaccines or products that have been formulated using the proposed stabilizing materials or technology.
6. The status of assay development to support product characterization, release, potency and stability. Indicate whether assays are at the proof of concept qualified or validated stage.
7. If an adjuvant is proposed, a description of the adjuvant and a summary of any prior use in humans.
8. The dose and route of administration and the adjuvant system used in the current formulation of the candidate anthrax vaccine.
9. Data from immunogenicity and proof of concept efficacy studies in animal models and the challenge material used in these studies.
10. The correlates of protection that have been identified in the course of evaluation of the candidate vaccine in animal models.
11. Data to support the use of a particular animal model and its ability to predict the desired response to the candidate vaccine in humans.
12. The status of assay development to evaluate the protective immune responses to the candidate vaccine.
13. Toxicity profiles of the candidate vaccine and any stabilizing materials.
14. Current non-clinical and clinical development plans.
15. Data, decision processes and criteria used to date to advance the candidate vaccine from one stage of the product development process to the next.

16. A description of any interactions with the FDA regarding the candidate vaccine, stabilizing materials or processes.
17. For vaccines that use novel devices/technologies to facilitate vaccine dosing, provide documentation that a pre-Investigational Device Exemption (pre-IDE) has been filed for the device with the FDA, or that an IND has been filed with the FDA for another investigational vaccine product using the same proposed device.

B. PRODUCT DEVELOPMENT AND IMPLEMENTATION PLANS [Technical Requirements (Base Period), paragraph 2)A.]

1. **Product Development Plan**

Provide proposed detailed and comprehensive Product Development and Implementation Plans to develop a third generation anthrax vaccine candidate.

The proposed Product Development Plan shall include the sections listed below. For each section, clearly define and detail the developmental milestones and timelines necessary to complete and deliver a product suitable for clinical studies and to complete a Phase 1 clinical trial within the 3-year base period of contract period of performance.

a. A non-clinical development plan.
b. A process development, manufacturing, formulation, and stability development plan.
c. A clinical development plan.
d. A regulatory product development strategy.
e. Regulatory and quality compliance strategy, including a quality assurance plan.

In addition to the sections listed above, the proposed PDP shall:

f. Describe the activities and stages of product development that the Offeror is proposing to accomplish with contract funding, including identification of each proposed milestone and tasks within each milestone. Include the proposed quantitative and qualitative assessment criteria, both scientific and regulatory, to be used to determine the successful completion of each product development milestone and task.
g. Identify specific decision points during the product development process where proceed or not to proceed ("Go/No Go") decisions will be made. These should be distinct stages of the product development pathway that are critical decision points for Go/No Go decisions for advancing to the next stage of the Product Development Plan. For each decision point, identify the qualitative and quantitative criteria and accompanying data elements to be used to assess the merit and feasibility of proceeding to the next stage of product development.
h. Describe the scientific basis for the production process, production, analytical and release assays, formulation strategy, and adjuvants, non-clinical studies, and the evaluation of the candidate vaccine in a Phase 1 clinical trial.
i. Provide a detailed time-phased plan linked to direct costs for each product development milestone, task and subtask identified in the proposed Product Development Plan. Include a Gantt chart that clearly defines each proposed milestone with tasks, subtasks and associated linkages and dependencies, corresponding to funding and timelines for each task to be performed.
j. Describe proposed procedures to handle adverse experimental or production results, and approaches to integrate new scientific and/or technical findings into the proposed goals, milestones and timelines.

2. **Implementation Plan**

   The Implementation Plan shall describe a time-phased plan that is linked to direct costs for each milestone in the PDP, identifies the proposed technical approach for each activity to be performed to achieve the objectives of the PDP, contains sufficient detail to fully explain and justify the scientific/technical rationale for the proposed approaches and/or methodologies, and reflects a clear understanding of the scope and nature of the work being undertaken.

C. NON-CLINICAL RESEARCH AND DEVELOPMENT [Technical Requirements (Base Period), paragraph 2)B.]

1. Describe proposed approaches, methodologies and plans for non-clinical studies required to support the development and submission of an IND Application to the FDA for the candidate third generation anthrax vaccine Final Drug Product (FDP).
2. Discuss any non-clinical studies that have been completed for the anthrax vaccine BDS as well as for any stabilizing materials.
3. Discuss the methods for the development, qualification and/or validation of reagents and assays required to accomplish the non-clinical evaluation of the vaccine candidate FDP in compliance with GLP guidelines as stated in U.S. Code of Federal Regulations 21 CFR 58 (Good Laboratory Practice For Nonclinical Laboratory Studies).
4. Describe existing animal models used to establish proof of concept efficacy for the vaccine candidate. Identify proposed existing animal models to be used and specific animal studies to be conducted for further development of the vaccine candidate, and indicate the status of compliance of proposed animal studies with the requirements as stated in the U.S. Code of Federal Regulations – 21CFR601.90-95, Subpart H, "Approval of Biological Products When Human Efficacy Studies Are Not Ethical or Feasible."
5. If support is requested to enhance existing animal models for the further development and evaluation of the vaccine candidate, describe proposed plans and methodologies to achieve enhanced animal models and provide the scientific/technical basis to justify the need for enhanced animal models.

D. MANUFACTURE OF cGMP MATERIAL [Technical Requirements (Base Period), paragraph 2)C.]

1. Describe the manufacture of one cGMP lot of the candidate third generation anthrax vaccine BDS and FDP (2000 doses minimum target scale of FDP) for use in a Phase 1 clinical trial.
2. .Identify and describe the cell lines used to propagate the 2000 L cGMP anthrax vaccine BDS.
3. Describe the procedures to establish and document a controlled and reproducible process.
4. Describe the BDS purification methods and indicate the average product yield at each step of the purification process.
5. Detail the processes and materials used to formulate the stabilized candidate vaccine FDP.
6. Describe the proposed assays necessary to support production of the vaccine candidate, address product characterization of the candidate vaccine, and complete non-clinical studies. Include a description of the current developmental status of all proposed assays, and identify those assays and reagents that have been qualified and/or validated in order to comply with Good Laboratory Practices (GLP) guidelines as stated in the U.S. Code of Federal Regulations 21 CFR 58, and cGMP guidelines as stated in the U.S. Code of Federal Regulations – 21 CFR 210, 211, 820.
7. Provide proposed plans and procedures to complete all cGMP required testing for the BDS and FDP to characterize and release the FDP for use in non-clinical and clinical studies.

E. CLINICAL TRIAL PROTOCOL DEVELOPMENT AND IMPLEMENTATION, and IND PREPARATION, SUBMISSION AND SPONSORSHIP [Technical Requirements (Base Period), paragraphs 2)D. and 2)E.]

1. Provide a Protocol Synopsis for the proposed Phase 1 dose-escalating clinical trial in healthy subjects ages 18 to 40 that includes: (i) a description of the clinical trial statistical design, including: definition of primary and secondary objectives, inclusion and exclusion criteria, primary and secondary end points/outcomes; (ii) a description of assays to be performed; (iii) a plan for the statistical analysis and interpretation of final study data; (iv) plans for participant screening, recruitment, retention and follow-up; (v) plans for initial clinical site assessment and ongoing clinical site monitoring; (vi) plans for data collection, management, and quality control; (vii) data and safety monitoring plan; and (viii) a sample Informed Consent form.
2. Describe organizational experience with the design, execution, analysis and oversight of clinical trials for similar products, including a list of clinical trials conducted identified by: (i) the type of product evaluated; (ii) phases of clinical trials conducted; (iii) overall clinical trial design and sample size; (iv) number of participating clinical trial sites; and (v) if available publicly, a brief summary of the final study results.
3. Describe previous experience in the conduct of human subjects research that demonstrates, for the Offeror and all proposed subcontractors, expertise in and a thorough knowledge of Federal regulations and GCP guidelines for the conduct of human subjects research. If applicable, describe experience in the conduct of human subjects research in accordance with DMID, NIAID, NIH policies and guidelines or a statement acknowledging willingness to conduct clinical research according to DMID, NIAID, NIH policies and guidelines.
4. Identify and document the experience and expertise of the proposed clinical trial site(s) to participate in the Phase 1 clinical trial with respect to compliance with Federal regulations and GCP guidelines governing human subjects research; provide documentation of the willingness of the proposed clinical trial site(s) to perform the Phase 1 clinical trial.
5. Identify the proposed Clinical Trial Principal Investigator with responsibility for the overall conduct of the clinical trial and provide documentation of his/her training, experience and expertise in human subjects research in general and specifically in clinical trials of investigational vaccines for infectious diseases.
6. Identify the proposed clinical site personnel to participate in the conduct of the Phase 1 clinical trial and provide documentation of appropriate training and experience in human subjects research in compliance with all Federal regulations and GCP guidelines.
7. Describe proposed plans and procedures to manage the clinical trial, including participating consultants and/or subcontractors, and to monitor compliance with Federal regulations for the conduct of clinical trials.
8. Describe the clinical, laboratory and pharmacy facilities to be made available at the proposed clinical trial site(s) and provide documentation of facility compliance with Federal regulatory requirements.
9. Describe the organizational experience in the sponsorship of INDs for similar products, including a list of types of products for which the Offeror has served as the IND sponsor and, if available publicly, the status of these products.
10. Identify and discuss those decision points in the Product Development Plan for which it will be critical to engage in written communications and meetings/teleconferences with the FDA.
11. Provide proposed plans, procedures and timelines for the preparation and submission of the IND application to the FDA for a Phase 1 dose-escalating clinical trial.
12. Describe proposed plans for ensuring the involvement of the Project Officer and his/her designees in meetings and teleconferences with the FDA and for keeping NIAID apprised of progress and all communications with the FDA, including correspondence from the FDA and summaries of FDA meetings and teleconferences.

F. REGULATORY COMPLIANCE, QUALITY ASSURANCE AND DATA MANAGEMENT [Technical Requirements (Base Period), paragraph 2)F.]

1. *Data Management*: The Technical Proposal must include:

   a. A description of the proposed systems and procedures for data management and quality control that will be used for all studies and a description of proposed procedures for data entry and validation, documentation of data corrections, routine maintenance and backup, transmission of data, data reporting and exporting system, access control and confidentiality, and data retrieval and disaster recovery.
   b. A description of the statistical design and analysis resources that will be used to support contract activities.
   c. Plans and procedures to ensure that data can be transferred to the Project Officer without corruption of data or figures. The NIAID is connected to the Internet and uses IBM-compatible computers that currently run on Microsoft XP operating system and Microsoft Office 2003 software.

2. *Regulatory Compliance and Quality Assurance*: The Technical Proposal must include:

   d. A plan for the ongoing monitoring of adherence to FDA regulatory requirements, standards and guidance for (i) the conduct of assays under GLP standards, (ii) the manufacturing of vaccine product under cGMP standards, and (iii) the conduct of the clinical trial under GCP standards, as relevant to the proposed Product Development Plan. Include in the plan appropriate procedures for maintaining quality assurance documentation and for the management of data for GLP and cGMP activities.
   e. A description of the existing Quality Systems Plan, and associated SOPs, with respect to meeting GLP, GCP, and cGMP standards and with respect to their independence of operation in relation to the PI, and how the Quality Systems Plan and SOPs support an implemented and comprehensive GLP, GCP, and cGMP compliant Quality System.
   f. Documentation of organizational experience of the Offeror and any proposed subcontractors with performing studies in accordance with FDA regulations and guidance, including GLP, GCP, and cGMP guidelines.
   g. A description of the process that will be used to audit facilities and maintain compliance with GLP, GCP, and cGMP guidelines, including a plan for: determining when audits need to be performed; scheduling audits in a timely fashion; performing audits; responding to audit reports; and communicating the results of audits to the Project Officer.
   h. Letter(s), signed by the appropriate authority, allowing for pre-award site visits to the Offeror's facility and any proposed subcontractor facilities. Site visits may include GLP, GCP, and cGMP audits performed by professional auditors contracted by NIAID.
   i. Documentation that the proposed facilities of the Offeror and any proposed subcontractors have been audited and comply with GLP, GCP, and cGMP requirements.

G. OFFEROR'S PROPOSED STATEMENT OF WORK (recommended 15 pages out of total page limit)

In contracts awarded under this BAA, the Statement of Work shall be developed by the Offeror based on the guidance provided in Attachment 9, Research and Technical Objectives. The Statement of Work proposed by the offeror will be negotiated and accepted by the NIAID to be incorporated into the resultant contract. This offeror's Statement of Work should be developed using an outline format that incorporates paragraph identifiers for each paragraph and subparagraph and outlines the activities to be performed by the Contractor during the performance of the contract. The offeror's proposed Statement of Work should begin as follows:

"Independently, and not as an agent of the Government, the Contractor shall furnish all necessary services, qualified professional, technical, and administrative personnel, material, equipment and facilities, not otherwise provided by the Government under the terms of this contract, as needed to perform the Statement of Work set forth below. Specifically, the Contractor shall:"

The above introductory paragraph should be followed by a full Statement of Work describing each activity that the Contractor shall perform after the award of the contract. Where appropriate, divide the Statement of Work into separate activities and sub-activities. The Statement of Work shall include all activities required to effectively develop third generation anthrax vaccine candidate suitable for use in clinical studies. The Statement of Work should also include a description of all items to be delivered to the Government during performance of the contract, such as progress reports, financial reports, end products, and other deliverables and a timetable for their delivery.

The Statement of Work shall acknowledge the Government's right to modify the milestones, progress, schedule, budget, or product to add or delete products, process, or schedule as need may arise.

The Statement of Work shall acknowledge that:

- the Contractor shall only carry out activities within the contract's Statement of Work as approved by the Contracting Officer and the Project Officer at the time of award;
- the Contractor may not conduct work outside of the scope of the contract without prior written approval from the Contracting Officer and the Project Officer; and
- approval to carry out specific activities shall be linked to approval by the Project Officer of the PDP following contract award, approval of Monthly and Annual Progress Reports, and review and approval of a Clinical Trial Protocol(s)/synopsis and supporting materials.

SECTION 4: SCIENTIFIC, TECHNICAL, AND MANAGEMENT TEAM [Technical Requirements (Base Period), paragraph 2)G.]

The Technical Proposal should include all information relevant to document individual education, training, experience, qualifications and expertise necessary for the successful completion of all scientific and technical requirements of the contract. Include a Staffing Plan for the conduct of the proposed Statement of Work with role descriptions and level of effort of key scientific and technical personnel, including all proposed subcontractors. Clearly, identify who is to be assigned as Key Personnel. Limit CVs to 2-3 pages, provide selected references for publications relevant to the scope of the BAA, and include experience with projects of similar scope, size and complexity carried out by the offeror and any proposed subcontractors over the past 5 years.

A. Principal Investigator (PI)

Describe and document the education, training, relevant experience, expertise, and qualifications, as well as percentage of effort, of the proposed Principal Investigator (PI) in planning, initiating, implementing, managing and coordinating the scope of functions to be carried out under the contract, including experience with projects of similar size and complexity. Include experience with leading and directing project activities both directly and indirectly through subcontracts. Discuss the experience of the PI in identifying problems encountered in meeting milestones and timelines for similar projects and describe how those problems were resolved. Describe the PI's scientific and technical expertise, training and experience with advanced product development activities and with products that are regulated

by the FDA, in particular vaccine research and development for infectious diseases. Include a discussion of prior experience with preclinical and clinical studies for successful submissions to the FDA.

B. Project Manager

Describe and document the education, training, relevant experience, expertise, qualifications, as well as percentage of effort of the proposed Project Manager in monitoring and tracking work progress and timelines relative to both schedule and budget. Describe the expertise and training of the proposed Project Manager in coordinating complex activities involving multiple parties, including knowledge of relevant project management software, coordinating project and subcontractor activities, and organizing and maintaining lines of communications including teleconferences and face-to-face meetings.

C. Other Scientific and Technical Personnel

Describe and document the education, training, relevant experience, expertise, and qualifications, and level of effort for other scientific and technical personnel of the Offeror and all proposed subcontractors required to carry out the specific activities proposed, including knowledge of and experience with the regulatory requirements that govern the production of cGMP materials and testing in compliance with GLP and GCP; relevant experience, training and expertise in Quality Assurance/Quality Control (QA/QC) procedures; the care and housing of animals; biosafety requirements and procedures; data collection, management and quality control; statistical design and analysis; and the conduct of clinical trials in compliance with all Federal regulatory requirements and GCP guidelines.

SECTION 5: FACILITIES, EQUIPMENT, OTHER RESOURCES, AND BIOCONTAINMENT SAFETY AND TRAINING [Technical Requirements (Base Period), paragraphs 2)H. and 2)I.]

NOTE: The government will **NOT** provide support for the purchase of equipment or for alterations and renovations of facilities.

The Technical Proposal must document the availability and adequacy of facilities, equipment, space and other resources, and biocontainment safety and training plans and procedures necessary to carry out the proposed Statement of Work, including:

A. Location and features of facilities, including a floor plan, a list of equipment, and resources dedicated to the project for the prime contractor and any proposed subcontractors (lease or ownership information should be provided).
B. Biosafety Level (BSL) 2 and 3 biocontainment facilities for conducting work in accordance with the guidelines: http://www.cdc.gov/od/ohs/biosfty/bmbl5/bmbl5toc.htm.
C. Facilities for the process development, scale-up and cGMP manufacture of the vaccine candidate. Include information on the current manufacturing capabilities, the proposed manufacturing plan, and the estimated manufacturing capacity available at the Offeror's site and at any proposed subcontractor's sites. Also, document that the proposed manufacturing facility operates in compliance with cGMP and is capable of producing an ultimately licensable product.
D. Procedures to be used for the care and housing of laboratory animals in compliance with NIH guidelines, as delineated by the Office of Laboratory Animal welfare (OLAW; http://grants.nih.gov/grants/olaw/olaw.htm), the extent of appropriate veterinary coverage, the physical plant housing all animals and laboratories, the safety procedures in place, and the expertise and training of the technical staff employed.

E. Plans for obtaining, adding or deleting facilities as necessary due to progress during the course of product development.

F. Plans for providing protective garments and equipment; for monitoring the safe handling of potentially hazardous microorganisms, toxins, and reagents, and for disposing of potentially hazardous microorganisms, toxins, and reagents.

G. Procedures for receiving, handling, storing, shipping and tracking Select Agents in accordance with U.S. Code of Federal Regulations 42 C.F.R. Part 73, 7 C.F.R. Part 331, and 9 C.F.R. Part 121 (http://www.cdc.gov/od/sap/index.htm).

H. Procedures for conducting work with recombinant DNA molecules in accordance with Federal and NIH Guidelines for Research Involving Recombinant DNA molecules (http://www4.od.nih.gov/oba/rac/guidelines/guidelines.html).

I. Plans for training staff to operate facilities in accordance with BSL 2 and 3 guidelines, in the safe handling of potentially hazardous microorganisms, toxins, and Select Agents in accordance with Federal regulations, and in the safe handling of recombinant DNA molecules in accordance with NIH guidelines.

SECTION 6: PROJECT MANAGEMENT [Technical Requirements (Base Period), paragraph 2)].

The Technical Proposal must include the following:

A. A Project Management Plan for project organization, staffing, and management in relation to the planning, initiation, implementation, conduct, monitoring and completion of tasks identified in the proposed Statement of Work. Describe in detail the responsibilities and level of effort for all proposed personnel who will be assigned to the contract, including proposed subcontractors and consultants, and provide an administrative and technical framework indicating clear lines of authority and responsibility for all proposed personnel. If consultants and/or subcontractors are proposed, include a plan to manage, coordinate, and oversee the work performed by consultants and/or subcontractor(s). Include a chart of the proposed organizational/management structure for the project.

B. A description of the project management systems that will be used to track activities and to keep multiple activities on time and budget. Include a description of the quality control methods that will be used to ensure the effective and efficient initiation, implementation, management, oversight and completion of contract requirements. Describe organizational experience in managing similar projects involving product development services/activities and with products regulated by the FDA. If consultants and/or subcontractors are to be used, include a plan to manage and coordinate consultant and/or subcontractor(s) efforts.

C. An outline of how the PI will communicate with the Project Officer and Contracting Officer, and how the PI will communicate, monitor, and manage the project both internally and externally (at subcontractor facilities).

D. A plan for soliciting, evaluating, negotiating, awarding and managing subcontracts in accordance with FAR Clause 52.244.2.

E. A description of the experience and education of contract management staff in the acquisition and management of subcontracts under Federal contracts.

F. A description of the experience with identification and remediation of subcontractor performance problems or noncompliance with subcontract terms and conditions.

G. A plan to organize the Annual Review Meetings and provide for a thorough assessment of contract status, progress, problems and approaches to their resolution, and future plans.

SECTION 7: PART B OPTIONS [Technical Requirements (Part B Options), paragraph 2)M.]

OPTION 1 - PART B: SCALE-UP of cGMP MANUFACTURING

Discuss proposed approaches and methodologies, and provide proposed timelines for the transition from pilot scale to large scale cGMP manufacturing of the candidate vaccine BDS and FDP for use in clinical trials in compliance with cGMP and GLP requirements and standards. This discussion shall include the following:

A. A detailed description of the proposed mechanism to transfer and scale up the manufacturing process to be conducted that will lead to large-scale cGMP manufacture of the candidate vaccine. Include a description of the proposed procedures to be used to establish and document process validation.
B. A description of those assays/specifications and reagents requiring additional development to meet FDA requirements for cGMP manufacturing of vaccine product for use in further clinical trials, particularly for assays to test for potency, identity, purity, and stability.
C. An outline of the stability plan to be used to monitor stability of the consistency lot material.
D. The location and features of the facilities where scale up of cGMP manufacturing will occur, including a floor plan, a list of equipment, and resources dedicated to the project for the prime Contractor and any proposed subcontractors (lease or ownership information should be provided).
E. An overview of plans for the ongoing monitoring of adherence to FDA regulatory requirements, standards and guidances regarding the conduct of assays under GLP standards and the manufacturing of vaccine product under cGMP standards. Include appropriate procedures for quality assurance, for maintaining quality assurance documentation, and for the management of data for GLP and cGMP activities.
F. A description of the regulatory product development strategy that specifies at which points in the scale-up of cGMP manufacturing it will be critical to engage in written communications and meetings with the FDA, and identifies the mechanisms that that will be used to initiate and conduct formal communications with the FDA (meetings, teleconferences, information amendment, etc.).
G. Plans and procedures for preparing and submitting documentation required for a CMC amendment to the IND application and all other activities related to ensuring that the product can be used in further clinical trials.
H. A proposed timeline for the development, initiation and completion of all activities.
I. Include a Statement of Work for Part B Option 1 based on the guidance provided in Attachment 9, paragraph 2)M., along with guidance provided above. The Statement of Work shall describe the scope of activities required to complete the manufacture of 200,000 doses minimum target scale of filled and finished Final Drug Product of the candidate third generation anthrax vaccine produced in compliance with cGMP and GLP requirements and standards. The Statement of Work should also include a description of all items to be delivered to the Government during exercise of the Option, such as progress reports, financial reports, end products, and other deliverables and a timetable for their delivery.

OPTION 2 - PART B: DESIGN AND CONDUCT OF A PHASE 2 CLINICAL TRIAL, AND IND PREPARATION, SUBMISSION AND SPONSORSHIP

A. CURRENT PRODUCT DEVELOPMENT STATUS OF THE PROPOSED CANDIDATE VACCINE

Provide any currently available data or other information regarding the candidate vaccine that may assist in designing a Phase 2 clinical trial focusing on safety and dose optimization of the recombinant protective antigen (rPA)-based third generation anthrax vaccine

candidate. It is understood that the majority of information required to design the Phase 2 clinical trial will not be available until completion of the Phase 1 clinical trial.

B. PHASE 2 CLINICAL TRIAL PROTOCOL DEVELOPMENT AND IMPLEMENTATION

Discuss proposed approaches, methodologies and timelines for the design, development, implementation and analysis of a Phase 2 clinical trial of the (rPA)-based third generation anthrax vaccine candidate. This discussion shall include the following:

1. Proposed primary and secondary objectives for the Phase 2 Clinical Trial.
2. Key statistical design and analysis considerations to ensure the validity and reliability of study findings, preferred statistical design and analysis methodologies and the rationale for the preferred methodologies.
3. Recommended assays to assess safety and immunogenicity.
4. Provisions for data and safety monitoring to ensure appropriate protection of human subjects.
5. Proposed timelines for IND preparation and submission and Phase 2 clinical trial protocol development, execution, completion and analysis of final study data.
6. The anticipated number of clinical trial sites and target enrollment per site required to complete the study within the proposed timelines; pre-initiation site assessment plans and criteria; and post-implementation site monitoring plans and procedures.
7. Strategies for the recruitment, retention and follow-up of study participants to ensure full enrollment and completion of the Phase 2 clinical trial within the proposed timelines.
8. Include a Statement of Work for Part B Option 2 based on the guidance provided in Attachment 9, paragraph 2)M., along with guidance provided above. The Statement of Work shall describe the scope of activities required for the design, conduct, completion, and analysis of a Phase 2 clinical trial, and for the preparation, submission, and sponsorship of an IND. The Statement of Work should also include a description of all items to be delivered to the Government during exercise of the Option, such as progress reports, financial reports, end products, and other deliverables and a timetable for their delivery.

SECTION 8: OTHER CONSIDERATIONS

A. Human Subjects

Section L of the BAA specifies the minimum documentation requirements for Human Subjects use. All related documentation should be included in the proposal in a clearly marked section. The Technical Proposal should document all information necessary to evaluate Human Subject use.

B. Care of Live Vertebrate Animals

Section L of the BAA specifies the minimum documentation requirements for Animal Welfare compliance. All related documentation should be included in the proposal in a clearly marked section. The Technical Proposal should document all information necessary to evaluate Animal Welfare issues.

C. Biological Agents or Toxins

The Technical Proposal should include a plan for biohazard safety and security requirements.

D. Obtaining and Disseminating Biomedical Research Resources

Section L of the BAA specifies the minimum documentation requirements for this element. The Technical Proposal should document all information necessary to evaluate this issue.

E. Sharing Research Data (Plan)

Section L of the BAA specifies the minimum documentation requirements for Data Sharing. All related documentation should be included in the proposal in this clearly marked section. The Technical Proposal should include a plan for Data Sharing as required by this BAA.

F. Information Technology (IT) Systems Security

Section L of the BAA specifies the minimum documentation requirements for IT Systems security. All related documentation should be included in the Technical Proposal in this clearly marked section. The Technical Proposal should include a plan for IT Systems security as required by this BAA.

The Following Attachments 13 and 14 are Applicable to Both Part A and Part B Proposal Preparation

ATTACHMENT 13: ADDITIONAL BUSINESS PROPOSAL INSTRUCTIONS AND UNIFORM COST ASSUMPTIONS

APPLICABLE TO BOTH PART A and PART B

Biodefense Vaccine Enhancement
BAA NIH-BARDA-NIAID-DMID-AI2007007

In addition to the format requirements for the Business Proposal that are contained in Section L of the solicitation, the information presented in this section of the BAA is intended to provide uniform cost assumptions and business clarifications.

Offerors are advised to give careful consideration to the Broad Agency Announcement Description, Background and Introduction, Research and Technical Objectives, all reference material provided as attachments, the technical evaluation criteria, and the BAA as a whole, in the development of your proposal. The information requested in these instructions should be used as a guide for the development and formatting of your Business Proposal. Offerors should consider and include the information requested here, as well as **any other** information which will benefit the proposal.

BUSINESS PROPOSAL – TABLE OF CONTENTS

SECTION 1 – PROPOSAL COVERSHEET (use form NIH 2043 identified in Section J)

SECTION 2 – COST OR PRICE SUPPORT

Section L of the RFP specifies the minimum documentation requirements for cost data and all cost related support. All related documentation should be included in the proposal in a clearly marked section.

SECTION 3 – UNIFORM COST ASSUMPTIONS

General Instruction: Offerors may submit proposals for more than one NIAID Category A or B Priority Pathogen vaccine candidate under Part A, or for vaccine candidates for both Part A and Part B; however, a separate Business Proposal is required for each vaccine candidate.

1) Technical Cost Assumptions

A. Business Proposals must provide a breakdown by line item cost, including: Direct Labor, Direct Materials, Animal costs (including housing), Subcontracts, Consultants, Travel (refer to the instructions in Section L, Business Proposal Instructions, of this solicitation).

B. It is anticipated that this contract will be aligned with the milestones identified in the Product Development Plan [paragraph 2)A. of Part A and Part B, Research and Technical Objectives]. Consequently, Business Proposals must provide a breakdown of direct costs for each milestone as well as a total cost estimate (direct and indirect costs) for the entire project period of performance. The Business Proposal must also include a detailed Gantt chart that provides timelines delineating each milestone and associated tasks, subtasks and budgets to the subtask level of detail.

2) Other

A. Audits

Assume three (3) independent audits per year for the duration of the contract period of performance.

B. Purchase of Equipment:

Support will NOT be provided for the purchase of equipment under this contract.

C. Alterations and Renovations:

Support will NOT be provided for facility alterations and renovations under this contract.

SECTION 4 – OPTIONS

A separate Business Proposal must be submitted for each Option under Part A and Part B and must be presented in the same format described in paragraphs A. and B., above.

SECTION 5 - TABLE OF CONTENTS FOR DOCUMENTATION REQUIRED UNDER SECTION L OF THE SOLICITATION

1) Small Business Subcontracting Plan

Section L of the RFP specifies the minimum documentation requirements for completing a subcontracting plan. This plan should be turned in with the original proposal. All related documentation should be included in the proposal in a clearly marked section.

2) Extent of Small Disadvantaged Business Participation

Section L of the RFP specifies the minimum documentation requirements for small disadvantaged business utilization. This information should be turned in with the original proposal. All related documentation should be included in the proposal in a clearly marked section.

ATTACHMENT 14: ADVANCE UNDERSTANDINGS

APPLICABLE TO BOTH PART A and PART B

Biodefense Vaccine Enhancement
BAA NIH-BARDA-NIAID-DMID-AI2007007

☒ The below Advance Understandings are applicable to this solicitation.

Press Releases

The Contractor agrees to accurately and factually represent the work conducted under this contract in all press releases. In accordance with NIH Manual Chapter 1754, misrepresenting contract results or releasing information that is injurious to the integrity of NIH may be construed as improper conduct. The complete text of NIH Manual Chapter 1754 can be found at: http://www1.od.nih.gov/manualchapters/management/1754/. Press releases shall be considered to include the public release of information to any medium, excluding peer-reviewed scientific publications. The Contractor shall ensure that the Project Officer has received an advance copy of any press release related to this contract not less than seven (7) calendar days prior to the issuance of the press release

Considerations for Deliverables

It is intended that NIAID and its contractors will have complete freedom to operate with any and all deliverables developed under or in support of this contract. Accordingly, if awardees anticipate any impediment in providing NIAID with freedom to operate with the deliverables, the awardees should identify the issues and suggest remedies to this impediment. Additionally, it is expected that the awardees will have freedom to operate with the technologies they intend to develop. In the event multiple awardees will be required to develop different components of the desired endpoint technology requested in the BAA, the awardees are expected to work cooperatively towards achieving the final objective.